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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

TRANSIENT INSANITY FOLLOWING OPERATION FOR CATARACT.

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In the highly valuable work on "The Brain and its Functions," by J. Luys, we find the following passage:

"The important part that optic impressions play in the functionment of mental activity leads to the conclusion that, when they are wanting, there will be a certain disturbance of the general equilibrium, which will have as its consequence special disturbances of cerebral functionment.

"Up to the present time the mental condition of the blind has not been studied in a sufficiently precise manner to permit of our clearly appreciating the modifications which occur in the character or fashion of their ideas, under the influence of the arrest of the development of their optic impressions. Nevertheless, we may say with Dumont, that the influence which optic impressions exercise upon the play of the cerebral functions is most important, and that a certain number of individuals whom he had an opportunity of observing presented, from a psychical point of view, changes of temper and symptoms of melancholy all the more marked because the patients were incapable of discerning day from night.

"As regards such phenomena, Bouisson has observed a most remarkable case. The patient was a young man who had become insane in consequence of double cataract, with incoherence of ideas, complete failure of spontaneity. Bouisson,

from the antecedents of the patient, hit on the happy idea of performing an operation. It was simultaneously performed in both eyes, by couching, and a few days afterwards, when optic impressions reappeared to stimulate regularly the sensorium of the patient, and vision was restored to him, he began to utter a few sensible words, his mental state became progressively better, and at the end of a few weeks he left the hospital capable of attending to his wants.

"Baillarger cites from Whytt the case of a patient who, if his eyes were closed by another person, fell into a great disorder of mind. It seemed to him that he was transported through the air, and that his limbs were falling off.

"In a patient of 27, whom he observed himself, he noticed that as soon as she shut her eyes she saw animals, fields, and houses. I several times closed her lids myself, and immediately she mentioned to me a number of objects that appeared to her."

If the arrest of optical impressions should be *per se* a sufficient cause to produce mental aberrations, it would necessarily imply that the material at our disposal must be very great indeed upon which a correct view of this phenomenon in question could be based. Considering the high percentage of blind people who are living in our society, considering the large number of the patients who are obliged, sometimes for a long period, either to remain in a dark room or to have their eyes closed by a compressive bandage, we should rather expect to find the fact of the intimate connection which exists between the suppression of visual functions and the occurrence of mental disorders illustrated and verified by such a large number of

instances as to have become an established truth, an axiom brought forward in standard works on psychology and physiology, taught in the text-books on mental diseases, and referred to in the medical literature. In reality, however, just the very reverse is the case. This topic has hardly been touched upon in the medical literature and its allied branches of science. Of all modern writers on cerebral physiology or psychophysics, Luys is the only one, so far as my modest knowledge goes, who alludes to the subject. It has been omitted in all works on mental diseases which I have been able to consult, and the medical literature contains but a few isolated instances bearing upon this fact. Sichel, the eminent German oculist, of Paris, refers, in a short note published in the *Union Medical*, 1863, No. 1, to a peculiar form of senile delirium without fever, which sometimes develops in people operated upon for cataract. He considers the affection to be very rare, having met with the latter only seven or eight times in the course of his ophthalmic life. It was observed only after operation for cataract, which had been performed by means of the so-called flap-extraction, and exclusively in such people who had passed their sixtieth year of age. In some patients the suspicion of incipient delirium tremens could not be disregarded altogether, but no such suspicion could be entertained in the others. Sichel assumes that the condition is brought about by the closure of the eyelids, by which the patients are in a certain measure excluded from all the influences of the outer world. Gentle persuasion, expostulation, or even threatening and the application of compressive bandage, were the means by which he succeeded to calm down the patients. Zehender, in reporting these observations in his *Klinische Monatsblätter für Augenheilkunde*, 1863, remarks that he has also met with two similar cases in the eye clinic of Professor Jaeger, in Vienna, in which the strait-jacket had to be applied a few days after cataract operation. One of the patients carried with him a considerable amount of money concealed, and it seemed as if the outbreak of maniacal excitement shortly after the operation had something to do with his fear of losing his money. No sort of reasoning or suasion had any effect in these instances.

Schmidt-Rimpler (*Archiv für Psychiatrie und Nervenkrankheiten*, ix. 2, 1879,) relates two instances of maniacal excitement which developed in patients shortly after they had been confined in a dark room. In the first case, a farmer's wife, of fifty-seven years of age, who, in all other respects, was absolutely healthy, had to be kept in

a dark room for acute specific iritis. The first symptoms of mania began to show themselves on the second evening after admission to the hospital, when a few leeches had to be applied to the temples. During the night, patient frequently talked aloud, got up, left the room, walked up and down the corridor, but finally returned to lay down again. The excitement increased on the following night. Patient was restless and strange; tried to pull down the stove, which she mistook for a thief, and to throw the bedding from the window, imagining that the house was in flames. Hallucinations and confusion of ideas continued, with short intermissions, through the next day. She had to be removed to the insane asylum, where slight agitation was manifested only toward evening. She could be discharged the next day perfectly recovered. She had never tasted any kind of liquors.

In the second case, a goat herder, nineteen years of age; delirium set in on the second evening after he had been confined to a dark room for irido-choroiditis of both eyes. He had fantastic delusions; he imagined to see the dead body of his mother, asked for light, and tried to get up. But during the following day he gradually recovered his senses, and the excitement did not return any more.

This is the sum of all the information on this subject I was able to gather from the medical periodicals.

With the only exception of Zehender's handbook of ophthalmology, there is no work treating of diseases of the eye, so far as I am aware, which refers to the occurrence of mental alienation as one of the accidents which may happen after operation for cataract.*

During my whole ophthalmic practice, in which I had frequent occasion to keep patients under compressive bandage or in a dark room for many weeks in succession, only three cases have fallen within my experience in which transitory insanity developed after operation for cataract. Of the three cases, I possess full notes only of the following two cases:

*I must do justice to Noyes that he has mentioned in his text-book on the diseases of the eye the occurrence of delirium tremens after cataract extraction, but in a manner which is least adapted to impress the reader with the significance of the fact, and in a place where few readers are likely to look for it. On page 38 of his treatise, after speaking of the treatment of the eye in general, he continues thus: "It hardly need be said that a patient wearing a bandage need not be imprisoned in a dark room; the moral influence on him is bad, and the physical effect on his attendants equally bad. I have known delirium produced by no other causes in old people after cataract extraction."

Case 1. Carpenter L., sixty-five years of age, a steady, sober man, of healthy and robust constitution, came under my care for mature cataract in his right eye. The left eye showed incipient cataract, with vision 10-70. The first two days which followed the operation passed off very favorably. The course of healing was normal, and all functions were in excellent condition. On the third day, after a night of good rest, an unpleasant change was manifested in the temper of the patient, who showed himself morose and quarrelsome, finding fault with every one and everything. After he had hardly tasted his breakfast coffee he pushed it back with disgust, violently complaining of its nasty, bitter taste, for which he blamed his children. He accused them of having taken advantage of his helpless position to mix the coffee with some poison in order to kill him. The cup of milk, which was given him instead of coffee, he also turned away for the same reason. After a little while, he harshly ordered his attendants to keep quiet, to leave him alone and not to disturb his rest by silly and frivolous questions, and he got highly excited when they denied having spoken to him at all. By and by, his excitement increased; he tossed to and fro in his bed, pulled and tore his blanket and pillows, sat up, made threatening gestures, fought in the air, and spoke in an incoherent and violent manner. Suddenly tearing off the bandage from his eyes, he jumped from his bed, flung open the door, and rushed into the corridor, where he crouched in a corner, uttering piercing shrieks. He was only with great difficulty persuaded to return to his bed, after he had been promised that no other should be allowed to remain in his room. There I found him shortly afterwards with a wild, staring aspect, the face flushed, the body covered with perspiration, indulging in complaints that he had fallen prey to his enemies, who had conspired to drive him to madness by their tricks. He knew who I was without, however, being able to recollect my name; he gave me his hand and bade me to order that all the intruders should be driven out, that he might have rest. The pulse was somewhat full, but of normal frequency; the bodily temperature not increased; the pupil of the left eye normal. By gentle persuasion and kind words, I managed to dispel his fears and apprehensions. He became composed and tractable, took his food with apparent appetite, and suffered that the compressive bandage should be applied again. But the condition grew worse towards evening; agitation and excitement increased. Patient had hallucinations of hearing, gave answers

and asked questions in a violent, vociferous manner. He tore off the bandage, threw down the blanket, and crept beneath the bed to fight the person who was hidden there. The use of hydrate of chloral had no effect to calm down the patient. He remained awake all night; was extremely noisy, and could not be held in bed. The day brought a slight remission of the paroxysm.

This condition of maniacal excitement with sensorial illusions, exacerbating during the night and remitting during the day, kept on for four days, during which only high doses of morphia in subcutaneous injections, combined with the internal use of hydrate of chloral, succeeded to procure to the patient some rest and sleep.

The improvement began to take effect in the afternoon of the fourth day, when patient seemed to be more at his ease, and to appreciate better the kind services of his family. There was no trace of hallucinations of hearing in the morning of the fifth day, when I found the patient taking his breakfast in the usual quiet and placid manner. He had passed a very comfortable night—soundly asleep most of it. Recovery was complete and permanent. Patient knew that he had been very sick the past days, and asked to be forgiven for his foolish and improper conduct.

As regards the eye, which had been operated upon for cataract, the forced interruptions in the course of after-treatment, and the exposure to the many injuries incident with patient's disease, had the effect to cause exudative iritis, which ultimately led to closure of the pupil. The final result, however, was favorable. After iridotomy, vision became 10-50.

Case 2. C., grocer's wife, 57 years of age, of good health, and correct and temperate habits of life, came under my care with mature cataract of both eyes.

Operation for cataract I performed first upon the right eye, and four days afterwards upon the left one. Patient behaved, during the course of either operation and in the interval between them, in the most sensible manner, bearing the annoyance of the compressive bandage with great patience, and exhibiting a cheerful disposition and the most sanguine temper. On the day following the second operation I found everything in best order, but when I called on the next day I was met with the startling news that the condition of the patient had badly changed since the last night. She had slept but little and by starts, had complained of the unbearable noise (ringing the bell, drum-beating, etc.,) which the people were making in the house with the intention to

disturb her rest, and had wept a great deal over her misfortune to have become a useless creature, a burden to her family. Her temper became irritable and peevish, and she greatly tormented her attendants by caprices and whims she had never shown before. She frequently asked for food and drink, but returned it without any apparent cause the very moment it was given her. She desired her husband and her children to be near her, tenderly hugged each of them, suffused with tears, and ordered them out shortly afterwards with great bitterness of feeling. I found patient sitting in her bed in an indolent posture, with a gloomy expression of the face, in a state of deep melancholy. When I addressed her she seemed to rise from a stupor, and answered my questions in a monotonous manner, the voice wanting in modulation. She showed no defect of memory, knew very well that she had been operated upon for cataract, but despaired of being cured, and expressed her belief that her family had conspired to send her to the poor-house, to end there her life. Every noise made her start, fancying that the police officers were coming with the carriage to take her away. And then she would wring her hands and sob in the most heart-rending manner. Neither the conviction I brought upon her that she could see with either eye, and the kind reasoning from my part, nor the filial affection bestowed upon her by the family members, had any effect to alter somewhat the condition of profound melancholy and depression of spirits in which patient was. There were no other changes in the general constitution. The eyes did well.

I instructed the attendants to watch her carefully, and ordered for her a solution of hydrate of chloral, with the intention to produce sleep. Towards nine o'clock in the evening, about four hours after my last visit, I was hurriedly sent for to see the patient, who had in the meanwhile become maniacal and uncontrollable. She had been raving for two hours, and could hardly be constrained by two men. She had refused the medicine; took it when given her in tea, as I had instructed for the emergency, but could not be prevailed upon to take a second dose. She slapped the face of her daughter when she began to reason with her, tore off the bandage, jumped from the bed and ran in her nightgown to the door with the purpose to go to the police station to find there safety and protection. They had to use force in order to bring her back to the room, after she had aroused the whole neighborhood by her shrieks and lamentations.

I found the patient in a state of maniacal excitement and restlessness, clenching her fists and frowning, and violently abusing her people for plotting against a poor, helpless, blind woman. Any reply or objection only made matters worse. Her features were distorted, her look bewildered; the pulse was quick and small, the skin clammy.

I ordered Merck's crystallized hyoscyamine in a solution of one grain to two drachms, with the intention to give the patient internally at first ten drops (one-twelfth of a grain), to watch carefully the action, and eventually to increase the dose cautiously until the desired effect had been produced. But the patient stubbornly refused to take the medicine, and every attempt to persuade or to force her to do it remained ineffective. In this emergency I betook myself to administer the remedy hypodermatically, in which I finally succeeded after much trouble. I pushed the needle into the subcutaneous tissue of the neck, leaving it in place after the injection had been made, in order to be ready for further use. When the first dose of four drops of the solution, equal to one-thirtieth of a grain of the remedy, had totally failed to influence in any way the general condition of the patient, I repeated the injection after an interval of twenty minutes, increasing this time the dose to five drops. The effect was instantaneous and striking; but I must confess that the impression it produced upon me was of anything rather but pleasant nature. Just five minutes after the last drop had been injected, the patient, who had made the night hideous by her screams and shrieks, suddenly stopped in her wild excitement, as if subdued by a magic power, made a heavy stertorous inspiration and fell back into the pillows. The face became deadly pale, the lips livid, the respiration became heavy and retarded, and the pulse diminished in frequency. There were some spasmodical contractions of the arms and legs and of the muscles of the face. Patient lay there motionless, with eyes wide open, uttering now and then, with a husky voice, some unintelligible words. After this desperate condition had lasted for a few minutes, the pulse suddenly made a start and rapidly went up to 98 per minute, becoming full, persistent, and hard. Simultaneously respiration also increased in rapidity, and the face became congested. The heart beat with great violence. The some of the paroxysm was of ten minutes' duration, after which pulse rate, respiration, and action of the heart gradually returned to normal condition. Patient looked around in a state of bewilderment, tossed to and fro in bed, closed and reopened the eyelids.

in rapid succession, and fell into a deep, heavy sleep. When I left her an hour afterwards respiration and action of the heart was normal, the face slightly flushed, and, pulse somewhat full and 73 per minute. When she awoke the next morning, after more than nine hours of sound sleep, she behaved in the most rational manner, took her meals with appetite, had a loving word for her family, and answered intelligently when spoken to. She remained very calm during the day, and seemed to be somewhat benumbed. After a second night of good sleep, I found her the next morning in her usual good spirits. All functions were in good order. Recovery was complete. The final issue of the cataract operation was most favorable.

What is the causation of this strange phenomenon? Sichel's attempts to explain it are but empty words. They do not clear the intricacies of the question; they rather slur over and evade them. All the objections which can be raised against Luy's assertions are also valid in this instance. Besides the scarcity of the observed cases in proportion to the high number of cases annually operated upon for cataract, would *per se* speak against such an assumption. Schmidt-Rimpler holds that the sudden exclusion of the action of light in conjunction with the cessation of all stimuli to the ear and the solitude of the night may be a sufficient cause to produce maniacal excitement and hallucinations in people whose mind has not been normally balanced.

It is conceivable that the mental strain and excitement which are brought about by the cataract operation, associated with the changed condition of life—the absence of the customary external impressions, the unwonted solitude and stillness, and the forced quiet position in bed—may be apt to produce a transitory disturbance of the mental equilibrium in people of neuropathic constitution, or who are otherwise predisposed to mental disorders. But then, the aforementioned moments are but accidental causes, which effect mischief, not by inward necessity, but only under certain conditions and circumstances. The germ of the disease exists, the brain is already pathologically affected, and the operation for cataract, with all its concomitant injurious influences are only the external causes, which kindle the spark into flame. Every other stimulus would have had the same effect. Besides, what warrant have we in all these instances that the mental disturbance has not already existed before the operation, and become only manifested afterwards? But how shall we account for the fact that extraction of cataract

is apt to cause mental derangement in people whose brain had not exhibited before the least trace of any morbid taint? And my cases belong to this category.

I have given through the past years many a thought to this question, but I can not answer it satisfactorily. I will not entertain the readers with hypotheses and surmises which, although they may sometimes lead to the discovery of the truth, but too often only cover our ignorance in regard to the matter under discussion. I have brought this subject before the medical world with the intention and the hope to call forth the opinion and the judgment of all those members who, by their special studies of this branch of medical science, are better qualified to throw some light upon one of the most intricate problems of cerebral pathology.

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RARE CASES IN PRACTICE.

BY E. T. BLACKWELL, M. D.,
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(Concluded from page 397.)

TRAUMATIC ERTSIPELAS ABOUT THE ANKLE-JOINT.

This designation is chosen for want of a better, in the following case: R. N., oysterman, 45 years of age, suffered an abrasion of the skin over the malleolus of the right ankle-joint from the chafing of a boot while dredging for oysters, in the latter part of the last week of November, 1884. He was hobbling about on November 30, and on December 1; and when I saw him on the day following there was diffuse redness beneath and at the sides of the joint, the evidences of congestion being very marked. There was no oedema. The pain was extreme. With a slender lancet I made a number of rather deep punctures, which bled freely; the deeper cuts spouting for a few moments as if a vein of good size had been opened. A hot flax-seed poultice was applied, to which was added, on the day following, lead-water and laudanum. Morphia was given hypodermically. On the day succeeding, jaborandi was given in addition as per

R.	Ext. jaborandi fl.,	3vj.
	Ext. colocichii fl.,	℥xx.
	Aquæ,	3vii.
M. S.—A teaspoonful every two hours.		

Profuse sweating followed, and continued thirty-six hours. The medicine was omitted at the next visit. It was necessary to let blood in the way indicated every day, and to prescribe quinia, diaphoretics, diuretics, nervous sedatives, and anti-

rheumatics, according as the symptoms seemed to indicate. The interesting point in connection with the progress of the case was the constant recurrence of the congestion for a great period of time.

On December 23, is this note: R. N. Skin and superficial fascia appear purple, showing congestion by palpation; made six punctures, which bled freely. The tongue is heavily coated, especially at its root. Great care was taken to keep the tissue emptied of any exudation, to avert injury to the tissues of the ankle-joint; and no pus ever followed the lancet except a few drops on one occasion. He was iodized at this time to take

R.	Potassii iodidi,	3j.
	Hydrarg. chlor. corros.,	gr. ½
	Tinct. ferri chlor.,	3j.
	Syr., aque,	āā 3ij.
M.	S.—A tablespoonful three times a day.	

There was applied now, and for some time previous, with the poultice, the following:

R.	Hydrarg. chlor. mite.	
	Cerat. plumbi. s. acetat.,	āā 3j.
	Ung. petrolei,	3ij. M.

On December 24, the patient had lancinating pain about the fascia lata; the pain about the tendo Achilles was very acute throughout. The local difficulty was unchanged. He was ordered morphia as required. The limb was treated on the same general principles; and at my taking leave, on February 7th, he was able to go upon crutches, and soon after walked with a cane. He still limps at this writing (July 1).

UNDEVELOPED RECTUM IN AN INFANT; ANUS PRACTICALLY CLOSED.

Mrs. S., mother of Mertie S., (page 396) was delivered of a male infant December 26, 1884. No deformity was suspected until attention was drawn to it by reason of protracted absence of alvine discharge, on December 28. Close investigation failed to disclose any anus at first, and only after a very diligent search was an opening found which admitted a pocket probe, but which failed to open a way for any discharge. This opening, which was on the right side of the median line, on the evening of the next day (29) received the smallest male catheter. The slenderest tupelo tent, whittled to half its calibre, was by patience and perseverance made to traverse half its length; its rapid swelling stopping its further progress.

30th, 9 a. m. The tupelo tent was removed, two or three free evacuations, dark and tarry, following. No further interference seemed necessary, and no further application was made. On

the night of December 31st, it became restless, passing a bad night. The day following it was quiet, but failed to nurse. The movements were less in amount, though not in frequency. At the suggestion of the nurse, the catheter was passed through the rectal fistula, the discharge following proving that there was no obstruction. It failed in strength, and died at 10 p. m. of January 1, 1885.

SURGICAL CASES.

The following are reported to exhibit the emergencies that an isolated practitioner copes with single-handed, except as he may call upon a bystander for assistance. It may also show the results attained.

— B., age 30 years, on February 25, 1884, had the fore and two adjacent fingers lacerated and broken beyond repair by a circular saw which he was using. It was several hours after the accident when I saw him, and he was suffering very much, and was extremely nervous. I exhibited a mixture of ether and chloroform, and as soon as insensibility occurred proceeded to amputate at the metacarpo-phalangeal joints. One of the interdigital folds was preserved, and proved a most favorable factor in promoting cicatrization. The surface was kept constantly wetted with a two per cent. carbolic acid lotion, which seemed to relieve the pain, affording comparative comfort. Under its use the cure was completed without any unfavorable symptoms; and the case was dismissed March 28.

J. R., four years of age, had his right arm broken at its upper third, and the soft parts deeply contused at the point of fracture, the bruise extending also to the chest and shoulder-blade. The accident occurred by his entanglement in the wheel of a wagon in motion, September 30, 1884. Binders' boards were applied to the broken part in such a way as to avoid the injured surfaces as much as possible, which were wetted with a cold lotion. He had been previously etherized with the same mixture as the foregoing patient, coming soon fully under its influence without any untoward symptoms at this time, or at any of the many subsequent inhalations.

On the day following, the skin was distended over the lower part of the scapula, and there was fluctuation. A puncture gave egress to a large amount of broken-down cellular tissue and serum. In a few days the surface sloughed from the bruised part over the scapula, and also at the point of fracture, leaving an open wound communicating with it. The boards were removed, the

wound cleansed, and the carbolic acid solution applied, the limb being secured to the patient's chest by a Dessault bandage. Bone deprived of its periosteum was soon detected, and the case seemed a proper one for resection. This, however, was not urged on account of the objection of the friends and the lack of suitable facilities. The daily cleansing and bandaging were conscientiously persevered in for weeks, when the bone was found united, a slight fistula alone communicating externally. An immense amount of callus surrounded the place of repair, and though passive motion was faithfully maintained to the close of my attendance, and its continuance insisted on, yet ankylosis of the shoulder-joint occurred. By reason of the movableness of the scapula, this was, in a great measure, compensated for, and the patient has a useful limb, which he uses as vigorously as its fellow. No fragment of bone has been discharged, and the fistula remains open.

In another case of extensive laceration of the hand, resulting from a crush in coupling cars, the carbolic acid lotion maintained its high place as a soothing application, the wound closing rapidly under its use, and causing only moderate suffering.

JABOBANDI IN ERYSIPELAS.

BY CHARLES WESLEY ROOK, M. D.,
Of Quincy, Ill.

In the REPORTER of July 18, 1885, Dr. J. H. More, of Spring Hill, Kansas, relates his experience with jaborandi in the treatment of facial erysipelas, and asks for the experience of his professional brethren, which is my reason for offering the following notes:

February 20, 1885, late in the afternoon, I was called to Mrs. P., who was in age near 25, and claimed a history of excellent health. Five days before she was attacked with facial erysipelas, and at the time of my call was suffering severe pain from the tensely swollen condition of her face and neck. Of her eyes the left cornea only could be exposed to view, while the right eye discharged a very purulent secretion. Mastication was impossible, and deglutition possible only with liquids.

She was given $\mathfrak{m}\text{xxx}$. doses of fl. ext. jaborandi at intervals of half an hour till five doses were administered, which produced free diaphoresis and pyalism, lessened the painful tension of her face and neck, and checked the further progress of the disease. The following morning she was

given four $\mathfrak{m}\text{xxx}$. doses as above, which produced, in addition to the usual diaphoretic action of this agent, free lachrymation, thus cleansing the conjunctivæ of all purulent matter. The swollen condition of her face and neck was greatly diminished by the second exhibition of the jaborandi. One hour after the last dose of jaborandi she was given in one-fourth glass of water, $\mathfrak{m}\text{v}$. of Monsel's solution of iron; this dose repeated every two hours. Between the doses of iron she received one capsule (gr. v.) of quinine. The iron and quinine were continued, in the amount and manner above described, for twenty-four hours, and then three times a day for a few days, and discontinued.

The unpleasant astringency produced in the mouth and throat by Monsel's solution of iron was instantly relieved by a draught of sweet milk after the iron.

In this case jaborandi did not produce emesis. Mrs. P. was sufficiently convalescent to return to her home in Chicago, Ills., on the evening of February 23, 1885, where by letter I am informed her recovery was rapid and complete.

Case 2. Mr. A., age about 50, height 6 feet 2 inches, weight 180 pounds, and of intemperate habits. When called, February 26, 1885, I saw on the left cheek, involving a surface some larger than a silver dollar, the characteristic erysipelatous blush.

Mr. A. was treated in a manner similar to Mrs. P., receiving six $\mathfrak{m}\text{xxx}$. doses of jaborandi at intervals of half an hour. The immediate effects observed were slight diaphoresis, marked pyalism, frequent emesis, relief of local pain and tension, and what proved to be a final check to the farther progress of the disease. At my second call I found Mr. A. convalescing. Tonic doses of quinine were ordered for a few days, when recovery was complete.

For the occurrence of emesis in case second, and its absence in case first, I offer the following explanation: Practically, I know the salivary secretion produced by jaborandi to be very nauseating, consequently my patient is invariably warned against swallowing the secretion as it enters the mouth, if he desires to avoid an emetic action. The salivary secretion produced in Mrs. P. was expectorated, while in Mr. A. it was swallowed, with results as above noted.

In treating many of the febrile conditions of childhood I have employed jaborandi, and frequently has the anxious mother remarked that soon after her child began perspiring he vomited very freely. Noting this action, I have employed

this agent in the treatment of croup, for reducing the temperature, relieving the local congestion of the pharynx and larynx, and if, as usual, the saliva is swallowed, emesis results, which mechanically aids in expelling from the larynx the croupous material.

Dr. Moore asks information concerning the dose, the interval between doses, and how long they may be continued in the treatment of erysipelas, and how relieve the nausea and vomiting following the larger doses of jaborandi or its alkaloid. In essaying an answer to these questions, let us not overlook the physiological action of the agent, or the therapeutical effect we desire to produce. If pilocarpine be employed hypodermically its action will be apparent within fifteen minutes, or the dose should be repeated. If the fluid extract of jaborandi be given by the mouth diaphoresis will be induced within half an hour, or the dose may be repeated. The amount of pilocarpine that may be administered hypodermically to an adult man or woman varies from one-sixth to one-half of a grain, and of the fluid extract by the mouth from half a drachm to a drachm and a half. Should the pathological condition be such that prompt diaphoresis is indicated, this agent, in the doses above-mentioned, ought to be administered until the desired effect is obtained.

The severe nausea and vomiting, or the extreme depression that may attend or follow the exhibition of pilocarpine or jaborandi can quickly be relieved by the hypodermic injection of an hundredth or sixtieth of a grain of atropine.

Permit me to instance two other cases in which pilocarpine proved serviceable.

On March 31, 1885, Mr. M. was attacked with apoplexy, causing left hemiplegia. Dr. William A. Byrd, the attending physician, administered hypodermically half a grain of pilocarpine. Diaphoresis was profuse, and within six hours Mr. M. had fairly good use of his paralyzed members, and in a few weeks was completely recovered.

On July 29, 1885, Mr. S., while attending his duties as an ice deliverer, was overcome with heat. I was called, and finding patient's skin inactive, gave, as a trial procedure, half a grain of pilocarpine hypodermically. In fifteen minutes diaphoresis was fully established, and in an hour his mental condition was normal. His skin was kept moist for a few days by an occasional dose of jaborandi, when he was discharged cured.

619 Jersey Street.

—Oliver Wendell Holmes lives in a house painted a bright yellow with green blinds.

HOSPITAL REPORTS.

NOTES FROM THE CHILDREN'S HOSPITAL OF PHILADELPHIA.*

Hereditary Syphilis—Arthritis of Knee.

In this patient, who presented a history of hereditary syphilis, there was a discharge from the middle portion of the left tibia. She was given iodide of potash, poultices at first, and subsequently iodoform ointment were applied to the discharging surface. She was kept in bed for some days, during which there was an increase of the pain, swelling, and heat (in other words, inflammation), about the knee-joint. An extension-stirrup was then placed on the leg to keep it as straight as possible. Subsequently Dr. Ashhurst decided to excise the knee-joint, and when proceeding to operate, he found the bones so much diseased that he was obliged to amputate. The little girl was very ambitious, so much so, that she asked to be allowed to get up after a day or two. There were no bad symptoms, but a steady improvement in health, when this drain upon the system was removed, and in two weeks and three days after the operation she was able to walk about the ward on crutches. She continued to improve, and made a good recovery.

Stenosis of the Larynx.

About ten months before this child was admitted to the hospital, he began to suffer from dyspnea, which gradually and steadily increased in severity, until, at the time of his admission, tracheotomy was urgently demanded. This operation was performed by Dr. Ashhurst, he making the incision below the isthmus of the thyroid. After a while small abscesses began to appear on various portions of the body, due no doubt to a specific infection. For this he was given liquor arsenici et hydrargyri iodidi, one drop thrice daily. He gradually grew much stronger, wearing all the while a tube, which was removed from time to time for the purpose of cleansing. Seventeen months after the operation hydrocele developed, a month later talipes equinus became manifest, to be followed by a reappearance of the abscesses all over the body, which discharged a most offensive pus. More than a year later, the astragalus, scaphoid, and cuboid bones of the left foot became carious, as did also a portion of the left inferior maxillary bone. In a few days severe diarrhoea set in, which was checked; but the boy continued to "run down," and died ten days after the onset of the diarrhoea.

Arthritis and Anchylosis of Knee.

In this case the limb was bent at an angle of about 45°, and kept in a pasteboard splint for three months, while the general health was improved by tonic remedies. Dr. Ashhurst then decided on resection, which was performed. The limb was subsequently placed at rest on a simple bracketed wire splint with a movable foot-piece (such as is described in Ashhurst's Surgery) and he was given,

R. Ammon. carb., gr. ij.
Every three hours.

*For the following notes taken from the case-book of the Hospital we are indebted to the courtesy of Dr. Nathan P. Grimm, Resident Physician.

Nourishing diet, milk, beef-tea, etc., was given. For a few nights he slept badly, after which he was comfortable. He was also given one grain of quinine every six hours, and one teaspoonful of whisky-punch every six hours. This splint was kept on for nine weeks, when it was removed, newly padded, and put on again. After about five weeks more, it was finally removed, and a paste-board splint substituted, which in turn, in a month, was supplemented by soap-plaster. There was some swelling and redness below the wound, but not connected with it. He was soon out of bed and able to get about on crutches. More than four years later he came to the surgical dispensary with a fracture of the right nasal bone, when it was learnt that he had never had any trouble with his limb, and that there was only about one inch of shortening.

Paresis.

This child was perfectly well until eighteen months before admission, when he had "scarlet fever," caught cold, and had a "sore mouth." He seemed to lose the power of coordinating the movements of his legs, so that he had to be again taught to walk. He never had chorea, or any nervous trouble. Seven months later the paralysis commenced, at which time he had severe abdominal pain, so great as to make him cry out. He also had pain in the back of head and neck, and ever since has suffered much from headache. His knees commenced to "give way," and there was marked retention of urine, so that the catheter had to be used, but ever since there has been incontinence, the urine dribbling away, and causing much annoyance, as well as so much irritation as to induce phimosis, for which he was circumcised. He continued intelligent, even very bright. Before admission, he had been treated by blisters along the spine and electricity, all to no avail. During the winter before admission, marked progressive paralysis of the extremities set in, both in motion and sensation. In the hospital he was treated with iron, quinine, ergot, and daily manipulation. For a time there was marked improvement. After two months bronchitis set in, for which he was given three grains of carbonate of ammonia thrice daily, cod-liver oil emulsions, and one and a half grains of sulphate of quinine in suppositories, with beef-tea and milk-punch. The bronchitis disappeared shortly, and bed-sores from pressure supervened on the buttocks and sides until the femur was exposed. The paralytic condition grew worse, and he was taken away by his parents.

Cicatriztion Due to Burn.

This child had been badly burnt all around the arm, both above and below the elbow, for several inches, and had been stupidly treated at home for some six weeks. The burn was of the fourth degree. The elbow-joint was much contracted, the limb flexed, and pouting granulations encircled the arm. Ointment of oxide of zinc was applied, over which oakum was placed. There was considerable discharge. The granulations rapidly disappeared under the use of nitrate of silver. At one point the skin of the forearm had grown fast to the skin of the arm. The wound healed rapidly, leaving some permanent flexion of the elbow.

Popliteal Abscess—Contraction.

A girl, aged seven, had a large abscess in the popliteal space, with sinusses extending far up the leg. It had been neglected for several weeks. The leg was flexed at the knee, and forcible extension caused much pain. There was more than a pint of pus discharged from the abscess in the course of twelve hours. She was put to bed, the knee was supported, sand-bags were placed on either side to keep the limb quiet, and extension apparatus, with weight, was applied, and the oxide of zinc ointment used as a dressing. She was much easier at once. She was given cod-liver oil and iodide of iron. The abscess rapidly healed, with the leg nearly straight, though suppuration occurred in another part before the cure was complete. A wash of chloral hydrate was used.

Results of Tubercular Meningitis.

This poor child, sent to the hospital by Dr. Pepper, was much reduced, the head was large and hydrocephalic; eyes fixed and staring; bad, thick, scrofulous pus discharging from sinusses in the neck, from the ears and nose. The body was much emaciated, the extremities trembling. The child was in the position of a triangular decubitus; that is to say the feet were on the bed and the head and elbows on the pillow, the limbs and back forming the two sides, and the bed the base of the triangle, while the buttocks were elevated in the air. This position was maintained against all efforts to change it, and the child was found dead one morning in this position. Drugs were of no avail.

Burns—Death.

This girl, age 6, one hour before admission, fell backwards into a bonfire about which she was playing. The posterior portion of the body on the left side was severely burned, from the ankle to the small of the back, and on the right side from the popliteal space to a similar point. The external genitals were badly burned, and she was in a state of shock. The pulse was 104, and weak. Respiration 28. She was given whisky and laudanum, while the burns were dressed with carron oil. Cerate was subsequently substituted for the oil. There was sloughing and profuse suppuration. She became very weak, the eyes were sunken, features pinched, the bowels regular for two weeks, when a slimy diarrhoea set in, with bloody vomiting and death.

Heart Disease.

Six months before admission, this child, who is nine years old, had pneumonia. He is considerably cyanosed, lips very blue. The action of the heart is tumultuous, the apex beat being noted in the seventh interspace, considerably outside of the nipple line. Cardiac percussion dullness extends from the fourth to the seventh interspace and laterally from the sternum to the inner border of the axilla. There can be heard a loud systolic murmur. The bowels are constipated, but there is no albumen in the urine. Pulse 140 and weak; respirations 43. He was given two drops of tincture of digitalis and one grain of sulphate of quinine thrice daily, with milk and beef-tea. Subsequently, the digitalis was increased to three drops, and he made great improvement. After a while, there was some dropsy, with a puffiness about the

cheeks and oedema of the scrotum. He was then given bitartrate of potash, but the dropsy continued. Pulmonary congestion set in, which was relieved by turpentine stupes. The dropsy increasing, and the face and lips becoming cyanotic, he was given decoction of scoparius. Shortly after this he was taken away unimproved.

Fleshy Tumor Near Anus.

This patient presented a fleshy excrescence near the anus, which had been once removed five months previously, but had returned. It was removed, with no hemorrhage, and the patient was discharged.

Strumous Abscesses.

One abscess on the vertex of the scalp and one on the right temple showed themselves in a child aged two and a half years. The abscesses rapidly healed, but a small ulcer at the vertex and a larger one at the temple remained. A little more than a month after admission, he was well, and playful on going to bed. At 11 p. m., he awakened up vomiting, with his face red and skin hot, while there were convulsive twitchings of hands. He was given one teaspoonful liquor potassæ citratis every two hours. The next morning he was drowsy and very nervous, but there was no vomiting. Fearing the onset of some contagious disease, he was isolated. In the afternoon there were convulsive movements of hands and arms. The next day these convulsive paroxysms were very frequent, coming on at intervals of not more than two minutes. The eyebrows are corrugated, and screams usher in each paroxysm. During the convulsions, there is almost opisthotonos; his fists are clenched, the eyes roll, he frowns and protrudes his tongue; the face is flushed, but there is no eruption. In the afternoon, after a hot bath, the attacks are less violent and less frequent. Another hot bath was given and he was ordered bromide of potash, two grains every three hours. In the evening he was quieter, when iodide of potash, one grain, was added to each dose of the bromide. The next day he was much quieter than the day before. There is an erythematous blush over the cheeks and upper part of the thorax; he places his hands on the occiput. The head is thrown back during the paroxysms. The next day it is reported that there is not much change, he being rather quiet. It seems that some six months ago he fell down stairs, striking his head, but the abscesses did not appear until three months later. No more convulsive paroxysms occurred, but the temperature remained high, and he complains of flashes of heat, during which there is an erythematous blush over the cheeks and chest. Now, pneumonia sets in, for which he is given tincture of digitalis, two drops every three hours, and sulphate of quinine, one-half grain thrice daily. One month later he was discharged cured.

Occlusion of Bowel—Imperforate Rectum.

This baby is only three days old, and is the youngest of nine children. His grandmother notices that he has had no passage since birth, and that there seems to be some difficulty in urination. Upon examination, hypospadias is discovered, the urethral orifice is on the under surface of the penis, and is moderately large, but a probe introduced therein meets with a septum, which gives

way on pressure, and a good-sized grooved director can be passed. The anus presents a normal appearance, and the finger can be introduced into the rectum for a distance of about one and a quarter inches, and the pelvis can be felt on all sides. There is no bulging tumor, but the whole belly is enormously distended and tympanitic, the superficial veins being very distinct. Dr. Hutchinson at once performed left lumbar colotomy, and upon opening the colon, a large quantity of meconium was evacuated, after which, the edges of the gut were fastened to the surface of the abdomen with silk sutures and the wound dressed with simple cerate. The mother's milk was drawn with a breast-pump and given to the child in a bottle. By ten o'clock in the evening (the operation was performed at four o'clock in the afternoon), the child had taken two ounces of milk, and he was much quieter than before the operation, though still restless. The temperature was $103\frac{1}{2}^{\circ}$; pulse not felt. He passes a considerable amount of fæces through the artificial anus. At midnight he has taken very little milk since 10:30; his face is dusky; he moans, and at 7:30 the next morning he dies.

Autopsy.—Body emaciated; bladder large, high up out of pelvis, and containing a clot of blood. The upper portion of the rectum, just below the sigmoid flexure, is completely occluded by a septum as thick as the walls of the gut. The appendix vermiformis is thicker than usual. There is no evidence of peritonitis.

Asthma and Bronchitis.

This girl three weeks before her admission was caught in the rain and got very wet, ever since which time she has had a bad cough. Her father was subject to bronchitis and asthma, and there is a consumptive tendency in his family. The girl herself has been in delicate health for two years past. Sonorous and sibilant rales are heard on both sides of chest, and she has paroxysms of coughing with violent dyspnoea. The bronchitis was cured, and she was discharged. Three months later she came back with the same trouble. The chest is full of bronchial rales. Dr. Pepper orders,

B. Ammon. bromid.,	gr. v.
Ammon. muriat.,	gr. ijss.
Tinct. digitalis,	gtt. v.
Spts. æth. comp.,	℥xv.
Aquæ, q. s., ad.,	f. 3j.
M. S.—F. 3j. ter die.	

She did well, and after two weeks the above formula was discontinued during the day, giving it at night only, if required. She was then ordered iodide of potash, two grains thrice daily. One week later it is reported she is but a little if any better. She is then ordered to be rubbed twice daily with a coarse towel; iodide of potash to be taken between meals and at bed-time, and emulsion of cod-liver oil and lacto-phosphate of lime thrice daily after meals. Three days later there is still no indication of improvement. The iodide of potash is increased to four grains thrice daily, and she is rubbed with cod-liver oil in lieu of the coarse towel. Two weeks later she has improved very much. The same treatment is continued, save the cessation of the bromide of ammonia mixture, and she recovers, and is discharged cured.

Valvular Disease of Heart.

This little boy, six months before admission, caught cold and had rheumatism. Two months ago he had dropsy. His family history is good; no specific taint can be elicited. On admission, there is great puffiness about the eyelids, marked oedema of the lower extremities, genitals enormously swollen, and the penis so infiltrated that it is curved almost like the letter S. The color of the face is fairly good, and there is no cyanotic appearance. Upon inspection, we notice a tremulous heaving of the whole præcordia. Palpation reveals the apex beat in the seventh interspace in the line of the anterior margin of the axilla. There is also great enlargement of the liver, which extends down to the umbilicus. Percussion elicits cardiac dullness from the middle of the sternum to the line of the posterior margin of the axilla, and from the third to the eighth ribs. Auscultation gives us a strong systolic murmur. Four days later the oedema in the extremities is much less marked, the superficial veins now showing very distinctly. He is taking calomel, squills, and digitalis, with liquid diet and stimulants. The urine is slightly albuminous, but there are no tube-casts. Two days later, the pulse is 105 and stronger, it was 136 and weak when he came in. The bowels are open naturally once daily, and he urinates without difficulty. The genitals have returned nearly to their normal size. Three days later, he is reported as still better; the face is not so puffy, though there is still some oedema of the ankles. The genitals are normal in size and appearance. The calomel is stopped, and in its stead is ordered tartrate of iron and potash, in combination with squills and digitalis. There is no dyspnoea, and the patient is comfortable. One week later, he is reported as still doing well; the liver lessening in size, but there is still some oedema of the ankles. The mitral murmur is not now so distinct. The bowels are open twice daily. From this on he continued steadily to improve.

Fracture of Skull.

This boy, seven years old, fell from a shed and struck the right side of his head on the ground. He was brought to the hospital immediately, and his mind was clear when seen by the Resident. There was some hemorrhage from four scalp wounds, which were superficial. There was marked contusion of the upper lid of the right eye, and over the right temple there was an effusion beneath the scalp that was so extensive as to practically render it impossible to say positively whether there was a fracture or not. He was put to bed, and the head shaved over the injury and an ice bag applied. He was given

R. Hydrarg. chlor. mitis., gr. $\frac{1}{10}$.
Pulv. ipecac. co., gr. j.

S.—To be given every four hours.

Diet to be liquid. He passed a quiet night. Passes his urine voluntarily; bowels not moved since admission. He takes nourishment and medicine well, and his mind is perfectly clear; there is no paralysis. Temperature 99°; pulse 92. The next day he complains of some headache, and when asked to protrude his tongue the point inclines a little to the side of injury. The contusion of the eyelid is disappearing, but there

is marked conjunctival ecchymosis in the outer angle of the right eye. Three days later there is very little headache, the temperature and pulse are normal, and the bowels are moved by enema. Two days later the effusion beneath the scalp has almost disappeared. It is sufficiently absorbed to render possible the diagnosis of depressed fracture. There is now no headache, and the tendency to deflection of the tongue has disappeared. The calomel is stopped, and he is given one-half grain of sulphate of quinine every four hours. Four weeks later he is allowed to get out of bed, and is discharged cured a month subsequently.

Concussion of Brain.

Just before admission, this child, two and a half years old, fell from a second-story window, striking the right side of his head on the pavement. He was brought into the hospital at 11:30 a. m., in a condition of stupor. He soon vomited profusely, and there was considerable hemorrhage from the ears and nose. Temperature was 97 $\frac{1}{2}$ °; pulse 140; respiration irregular and difficult to count. At noon he had a convulsion. He was wrapped in a blanket and put to bed; the head was shaved, and an ice-bag applied, and he was ordered:

R. Hydrarg. chlor. mitis, gr. j.
Pulv. ipecac. co., gr. viij.
M. et ft. chart No. xvi.
S.—One every four hours.

At 2 p. m., he had a second convulsion. At 7 p. m. the temperature was 100 $\frac{3}{4}$ °, pulse 120, and respiration 42. He had no more convulsions. The hemorrhage has ceased, but he does not seem disposed to notice surrounding objects. He lies on one or the other side, and if a limb be touched, he draws it away. Cerebral irritation is well marked. The next morning it is reported that he slept well all night; there is no paralysis, and he passes his urine voluntarily, and takes nourishment and medicine well. The next day he is given one teaspoonful of brandy every six hours, and heat is applied to the extremities. On the succeeding day he is much brighter, sits up in bed, and takes hold of the cup when it is handed to him. Twelve days later he is discharged well.

Specific Ulcerations.

This boy, thirteen years old, has an ulcer on that portion of the gum near the incisor tooth and on the inner side of the upper lip, to the right and left of the frænum, which it has eaten through, extending up to the nares and involving the nose, of which there is but little left. He was etherized and the ulcers thoroughly cauterized with acid nitrate of mercury and oil dressing applied. After a week, he was discharged with ulcerating surface healed, save a small area around a projecting canine tooth. Three months later, he was readmitted with ulcers as before and spreading. The alveolus is now affected. One week later, he was etherized, the projecting canine was removed, the diseased part of the alveolus scraped, the edges of the fissure freshened, when the upper lip was divided and the two edges brought together by harelip pins. The consecutive bleeding was controlled by a large harelip pin passed very deeply, and holding a compress of lint against the inner aspect of the wound. Three days later,

the large pin, last described, was removed. The next day two of the three small pins were removed. At midnight, the hemorrhage commenced again, when the wound was opened and the left coronary artery tied, and the wound again closed with pins and sutures. Four days later, the pins were removed, and the wound remained closed. It was touched with nitrate of silver and dressed with oxide of zinc ointment. Two weeks afterwards, he was discharged with the wound healed.

MEDICAL SOCIETIES.

CHICAGO MEDICAL SOCIETY.

Stated meeting, September 21, 1885. The president, C. T. Parkes, M. D., in the chair.

"Special vs. General Study in Medicine" was the title of a very interesting essay by Dr. Charles F. Sinclair. The following is an abstract: During the seventeenth and eighteenth centuries there existed several schools of medicine founded upon medical investigations stimulated by the discovery of the circulation of the blood by Harvey. These schools were founded upon theories. One school explained the processes of life as due to mechanical laws; another, as due to chemical laws; still another, as due to molecular movements; and finally, schools were founded who respectively promulgated the doctrines that life was due to an ether or a spirit existing in the grosser material of the body. Thus we see that medical thought and investigation began to divide. This subdivision in thought led to separate investigations, and specialism was the result. This tendency, which is becoming more marked each day, may be called, perhaps, the distinguishing characteristic of recent medical study. The more clearly defined and generally recognized specialties to day are surgery, diseases of the eye, diseases of the ear, diseases of women, diseases of children, diseases of the skin, diseases of the nervous system, diseases of the genito-urinary tract, including syphilis, diseases of the throat, heart, and lungs, obstetrics, and forensic medicine. The rapidity with which the tendency of special study is being developed is seen in the fact that five years ago one of our oldest medical schools gave special notice of only two of the special subdivisions I have mentioned. However, within three years this school has added a fourth year for the study of the branches mentioned. But it is objected that the student of a specialty should become practically conversant with the details of so-called general medicine. But it is a disastrous step for the young practitioner to try to cultivate a special practice from a general, if the old adage, "Once a general practitioner, always a general practitioner," is true. On the other hand, the specialist gains a footing more readily by confining himself to a specialty. It is further objected that the specialist is apt to forget that there are other important organs in the body besides the one to which he has given his attention. But this objection is puerile, when it is seen that the successful specialist must, of necessity, study the relations the different organs of the body hold to each other, and remember that any departure from the normal in one organ may be the result of

disease in a more remote organ. The medical profession should look with favor upon this subdivision of medical work, because we see such vast accumulations of material in all the various departments of medicine that few would care to undertake, or have the ability, to even peruse our medical literature, much less master all the knowledge collected. In this day of rapid interchange of thought, none can be found who can keep abreast of all the discoveries in the various departments of medicine. Another reason for the existence of the specialist is the fact that very few men can secure the expensive instruments necessary to be used in the treatment of the various diseases, nor are there many physicians who could skilfully use them were they so fortunate as to possess them. Many cases cannot be successfully treated without these instruments. In our city, specialties should receive further development, because as they are clearly defined and faithfully adhered to in practice, proportionately does the city rank as a medical centre.

Dr. F. M. Weller opened the discussion by asking why the subdivision of the practice of medicine into the special treatment of diseases of the various organs should not be carried further into specialties for various specific diseases? Let us have physicians whose respective specialties shall be catarrh, ague, diphtheria, etc.

Dr. W. F. Coleman said that while he agreed with the author in the main points of his paper, he thought it should rest with each individual whether he shall confine himself to special practice or emphasize it in general practice. It is advantageous to specialists that they should confine themselves to their chosen fields. But we should not judge of the benefits to be derived from specialties by the individual success of each practitioner, but by the extent each practitioner enriched our literature by the record of his investigations. It is thus that the eye and ear specialist, the specialist in throat and lung diseases, the laryngologist, and others have done most to advance medicine.

"The Treatment of Syphilis" was the title of a paper read by Dr. L. T. Potter. He said that the treatment of syphilis must be threefold—hygienic, tonic, and specific. By the latter is meant the administration of mercurial and iodine preparations. The profession seems to be greatly divided in opinion in regard to the methods of using these remedies and the length of time they should be employed. In scanning the literature on this subject, the reporter was surprised to find that those high in authority differed as to these points. The reporter advanced two propositions: first, that neither the iodine preparations alone, nor mercury alone, can always be relied upon as effective in the treatment of syphilis, but that both are necessary to eradicate the disease; second, that the duration of treatment must be at least two years, faithfully carried out, no matter how mild an attack. In support of his first proposition the reporter quoted Bartholow, Ringer, Jonathan Hutchinson, Keyes, Bumstead, and Taylor, as saying that mercury should be given in the primary and secondary stages of syphilis, and iodide of potassium in the tertiary stage. They all agree that both must be used to effect what is called a cure. In support of his second proposi-

tion, he quotes Van Buren, and Keyes, Fournier, Bumstead, and Taylor, as insisting upon the treatment extending over a course of two years or more. Diday says the minimum time for treatment is twenty-two months. The two-year course of treatment does not mean the continual administration of mercury or iodine, but at intervals the remedy may be discontinued for a short time, if it seems to have a debilitating effect on the patient. In the light of such unanimity of opinion of eminent authorities upon this question of duration of treatment, it is surprising that intelligent physicians will positively assure their patients that they are cured of syphilis at the expiration of a course of treatment lasting from four to six months!! A physician who does so is certainly criminally negligent, and is a misanthrope of the worst type. Then it becomes all to impress upon patients the importance of carrying on the treatment for at least two years.

Dr. E. L. Holmes commenced the discussion by saying he considered the paper very valuable, because the author lays so much stress upon the importance of thorough and long-continued treatment. One of the most important lessons he had ever received was to treat syphilis according to the plan the gentleman has advocated. Many years ago he had been taught this lesson by sad experience. It had been his lot to see many patients suffering from specific diseases of the eye long after they had been discharged by their physicians as cured. He could not understand how any physician can believe it possible to cure syphilis without carrying out the treatment a long time. In many years' practice in this city he cannot remember of having seen but three primary syphilitic lesions, and these all occurred on some portion of the eye. He saw one man who had on the upper eyelid a sore which resembled and was treated as a burn, until its course decided it to be a chancre. The man would not tell how he obtained it, but it readily disappeared under specific treatment. A great many diseases of the eye occur thus, and the physician is unable to find out how they arise. Many years ago it was taught that iodide of potash, if given in large doses, would effect a sure and speedy cure. But Dr. Holmes thought the treatment by large doses of iodide dangerous, as it ameliorates the symptoms so quickly as to cause the physician and patient to abandon the remedy too soon. In this country we do not have so good an opportunity to study syphilis as the Europeans. In Vienna and Prague, where the people live and do not pass from the observation of physicians, their statistics are more valuable and reliable than ours can be. He thought it best to give the patient all the mercury he can bear in the primary and secondary stages. Rub it in the skin and give it internally. Follow this up eighteen months or two years, and then give iodide of potassium later. Every three or four months give a course of treatment for years after. You will have no trouble impressing upon intelligent people the importance of long continued treatment.

Dr. R. Tilley said he wished to refer to one point not touched in the paper, and that is, patients treated for syphilis are often told by their physicians of the importance of long-continued treatment, but they will not heed these warnings,

and do not return. This fact will excuse the physician many times, as it is not in his power to carry out the treatment when he wishes; and thus physicians should often be relieved of the blame of not having treated their patients long enough. He did not think any intelligent physician would advocate treatment under two years, and he believed Keyes, in his last edition, extended the time of treatment to four years. Dr. Tilley was of the opinion that we cannot do without mercury, and yet some in high places teach this doctrine. Those who try to treat syphilis without mercury are certainly responsible for later developments.

Dr. J. Zeisler thought the present treatment of syphilis is not scientific, and that there had been little advance in this direction in the last century. Cases are known in which, after seven years' treatment, symptoms of the disease returned. Take the case of Prof. Zeissl, who died last year. He was infected while opening a bubo several years ago. He certainly knew how to treat himself, and yet he died of cerebral syphilis. This does not look as though the treatment of syphilis is yet founded on a scientific basis. If the discovery of the bacillus of syphilis proves to be correct, it may prove the means of enabling us to treat syphilis scientifically.

Dr. G. C. Paoli said he is by nature a cosmopolitan, and always selects the best from the writings of all nations. A great many books have been written on this subject, among which Ricord's stands first. Ricord was a man of great talent, experience, and powers of observation. He had unexcelled opportunities for study in the Paris Hospital when he was the chief physician. In regard to treatment, all agree that mercury must be administered for a long time. There are syphilitic cases in which mercury is contraindicated, namely, phthisical patients, and in albuminuria, unless we believe syphilis is the cause of the albuminuria.

Dr. R. Tilley referred to one point introduced by Dr. Zeisler, who referred to Prof. Zeissl as having died of cerebral syphilis, claiming that no one would doubt Prof. Zeissl's ability to cure syphilis. But the question is not whether Prof. Zeissl knew how to treat syphilis, but how did he treat himself? Cooper, in his book on syphilis, if he (Dr. Tilley) were not greatly mistaken, cites Professor Zeissl as a type of those who used mercury sparingly. If that is so, and Zeissl used it only sparingly on himself, then the death of Zeissl from cerebral syphilis is a very important lesson, and bears materially on the subject under discussion.

Dr. J. Zeisler said he knew that in the case of Prof. Zeissl mercurial inunctions were made, but to what extent he was unable to say.

Dr. L. T. Potter closed the discussion by expressing himself as gratified at the amount of discussion which had been aroused; however, he was surprised at the statement that there had been but little or no advancement in the treatment of syphilis. In this day of elegant pharmaceutical preparations and easy administration of mercurials and iodides, he thought there had been a great advancement, for pharmacy and chemistry have stepped in and given us preparations we did not use many years ago. Mercury should not be given when it is producing a debilitating effect.

The President, Dr. C. T. Parkes, presented to the society a specimen, with the following remarks: "I hardly know whether you would call this a pathological specimen or not. But you see a mass which was removed from a uterus, and it proves to be a sponge. A short time ago I was called to see a lady who had been treated by a physician who introduced a sponge-tent into the cervix uteri, and instructed the lady to allow it to remain two or three days, and then pull it out. She attempted to do so, but the string broke and the sponge was not obtained. After three weeks of

suffering, with a discharge per vaginam, I was called to see her. By digital examination I could not find any evidence of the sponge, the external os being closed so as to merely admit a probe. But I could not find any sponge by probing, so I introduced an Ellinger dilator, and soon seized the sponge with a forceps and brought it out. The symptoms present soon passed away, and the patient is now well. The point to be learned is, that when a physician introduces a sponge-tent, he himself should remove it."

The Society then adjourned.

EDITORIAL DEPARTMENT.

PERISCOPE.

On the Treatment of Acute Rheumatism.

Dr. W. R. Thomas spoke thus before the British Medical Association:

"Our knowledge of the treatment of acute rheumatism is making rapid strides day by day; but still we frequently meet with cases which are most unsatisfactory to treat, because, I believe, our knowledge is in its infancy. In medicine, we are all apt naturally to follow fashion. Certain remedies are recommended highly, and we are inclined to take it that all cases of rheumatism can be cured by the same remedy. Given a case of acute rheumatism, all we have to do is to give salicylic acid, or bicarbonate of potash, or nitrate of potash, or a certain other remedy at the time recommended, and attend to the ordinary directions given as to diet and hygiene, and the patient gradually, or often rapidly, is sure to improve. That is what we expect. Now I have tried each one of the remedies recommended on a large scale in both hospital and in private practice, and have come to the conclusion, after noticing carefully, and I think without prejudice, the effect of each one, that there is no one grand remedy for the disease we call acute rheumatism. The bicarbonate of potash, which has always been a favorite remedy of mine, I have seen act like a charm; so also have I the nitrate of potash; and then again, other cases I have met with where the remedy has entirely failed to have any effect whatever upon the disease. During recent years I have given, time after time, salicylic acid in large and in small doses, and have been delighted at the immediate good effect, thinking that, at last, we had met with a certain remedy; then again, other cases have occurred where the salicylate of soda has had no appreciable good effect whatever, even when given in large doses, until certain symptoms were produced by the medicine.

"I do not think the remedies in these cases are at all at fault. When we prescribe a certain medicine in a certain case, we find that the patient derives immediate and surprising benefit; and then we give the same remedy in another case, which to us appears to be similar, and are surprised at the patient not receiving any benefit whatever. Now, why should this occur? Sim-

ply, I believe, because we have separate and distinct varieties of rheumatism, each one of which requires a treatment of its own. In one case, the salicylate will act well; in another, it will not have any effect at all.

"In hospital practice, we naturally attribute all the improvement that takes place after admission to the medicine which has been prescribed. A patient is admitted; his temperature may be very high, his pulse very frequent, and the joint-signs may be severe; in two days he is in a comparative state of comfort. In many of these cases, no doubt, the removal of a patient from a miserable hovel in a back lane, where the surroundings are of the worst kind, to a comfortable bed in a well-ventilated ward, where cleanliness is predominant, where warmth, proper food, and constant nursing are supplied, may have much to do with the rapid improvement which has taken place; and I do not think that we are justified in attributing all the improvement which takes place—at all events, during the first few days—to the medicines prescribed.

"In practice, I generally find that we have at least three distinct varieties of rheumatism:

"1. The sthenic.

"2. The asthenic.

"3. That variety caused and preceded by other diseases, as gonorrhœa, scarlet fever, etc.

"The first kind I have generally found among the well-to-do classes; sometimes among the poorer. The patient, perhaps a commercial traveler or merchant, has always been exceedingly well, and until lately has enjoyed very good health. For some months he has suffered from dyspeptic and hepatic derangements; his urine has generally been very high colored, and a large amount of sediment has been noticed daily in it. He has complained of frequent headache, backache, and aching of limbs. He is florid, and probably very stout, and has found that he has not been able to go through the same amount of work as he formerly could. Evidently he has eaten and drunk more than his body has been able to use and burn up daily; and the several excreting organs, having had too much work thrown on them for a considerable time, are not now able to perform their functions properly.

"I shall not deal with the pathology of rheumatism at all; but in this patient there is a ten-

dency to inflammation of certain tissues, and to the accompanying fever. He now sleeps in a damp bed, or catches cold in some way, and now comes on the attack. These are the cases where salicylic acid, salicylate of soda, and the bicarbonate of potash, are beneficial. Of the two, I am inclined to think that I have seen more benefit derived from the salicylate than from the bicarbonate; but I frequently begin by giving the salicylates, and then go on with the potash. Attention to little details we all find in rheumatism, as in all other complaints, of great importance; for instance, covering the whole of the front of the chest with a layer of cotton-wadding has often, I am sure, prevented an attack of pericarditis from coming on, and I have found a night-shirt of very thin wool very useful, as these patients, perspiring much, are very apt to catch cold; in fact, I now recommend all my rheumatic patients to wear it regularly, and many have been very thankful for the advice. With regard to the joints, I have found wrapping the affected bones in cotton-wool all that is, as a rule, necessary; but when pain has been very excruciating, hot fomentations, with solution of belladonna sprinkled on the flannel next to the skin, have given relief. For pericarditis, my patients have generally seemed to be relieved by turpentine-stupes, followed by linseed-poultices; but unless it seem to be severe, I think it is advisable not to take away the cotton-wadding or to apply anything else, for I feel sure that the less these patients are exposed the better. If possible, I avoid giving anything to procure sleep, but, when obliged to do so, I find our old friend Dover's powder the best. These patients generally require something to act upon their chylopoietic viscera; and I must say that I find nothing equal to five grains of *pillula hydrargyri*, followed by *haustus albus*, which draught has often to be repeated. As to diet, there is nothing better for them than milk; and when the fever begins to subside, we can afford to be more generous.

"The asthenic patient is thin, pale, and weak, to begin with, from some cause or other; perhaps an over-worked and over-anxious young man, who in his desire to get on in the world has always neglected himself, and has taken his meals (and of them but little) irregularly; or a young mother, with one or two children, living on little else than tea. These patients have the same local signs and the same fever as the other patient had; but although there is the same tendency to inflammation of certain tissues, and the same fever, the tendency has, I believe, been produced by different causes entirely; and to obviate this tendency, or to remove the cause, we must, I think, adopt a very different mode of general treatment from what we do in the other class. These patients require plenty of support from the beginning, and we cannot give anything better than milk to begin with. Soon this patient will require beef-tea and other foods. As an internal remedy, I think we have none to equal quinine, given from the beginning. Occasionally we may have to give other remedies when called for, but quinine is the remedy upon which we have to depend; and later on, I invariably find that the addition of iron to the mixture is beneficial. The same local treatment is required in these cases as

in the other. As aperients, colocynth and aloes are preferable to the mercurial and *haustus albus*.

"My object in speaking to-day is to express my candid opinion that we should not treat all cases alike, but first of all should take into consideration the class of the patient we have to treat, and then to decide what remedy or treatment to choose—in one case it may be potash or salicylate, in another quinine. Of course, the treatment of rheumatism following other diseases will be different, as such disease will have to be taken into consideration."

Gouty Pneumonia.

Dr. W. R. Thomas thus writes in the *Lancet*, August 29, 1885:

I shall direct your attention to a case of gouty pneumonia—of pneumonia occurring in a gouty patient. The fact that gout suddenly appeared one night in the big toe, and that the pneumonia from that moment rapidly disappeared, makes the case, to my mind, more interesting still. I feel confident that many of the cases of pneumonia we meet with are local exhibitions of gout, accompanied by the febrile symptoms met with in such cases, and this should certainly be remembered in treatment.

The patient whose case we are considering had always been a very free liver and drinker, and had frequently suffered from gout. I found that he had been taken suddenly ill one night, having previously been in apparent good health, but very irritable. He had suffered from cough, expectoration, and other symptoms. As he rapidly got worse, the friends became alarmed, and sent for me. I found the pulse was 130, full; respiration 40; temperature 102°; cough troublesome; phlegm abundant and rusty. The patient complained of pain in the chest generally, and had the other symptoms present in cases of pneumonia. The urine was scanty, and slightly albuminous. He had no cardiac mischief, but the lower third of his right lung behind was dull and crepitating. I shall not weary you by telling you how he progressed day by day, but simply say that he steadily got worse for about eight days. On the eighth day of my attendance I found that the lower three-fourths of the right lung was as dull as a board; distinct bronchophony was to be heard both in front and behind, and crepitation in the lower part of the left lung. He coughed up incessantly night and day the ordinary rusty-colored sputum. Respiration 44; pulse 140; temperature generally 102°; tongue dry and red. The urine was still very high colored, full of urates, and albuminous, and he was very delirious. I certainly thought that I was going to lose my patient. The next night he was very delirious, and insisted on getting out of bed. In spite of the entreaties of his nurse, he was determined to walk about, and continued to do so for a considerable time. He then went to bed and fell asleep; when he awoke, he complained of excruciating pain in his right big toe, which was very red and swollen. It evidently was a severe case of gout. On the second day after the toe had been attacked, on examining the lungs, I found that dullness and crepitation had taken the place of bronchophony. On the following day very lit-

the dullness could be heard, the crepitation had almost entirely gone, and air entered fully into every part of the lung. The toe was very painful for three days longer, and then quickly got well. The general symptoms rapidly disappeared.

We are all apt to look upon pneumonia as an inflammation of the lungs, which must be treated by certain remedies. Years ago it was the custom to bleed or leech in nearly all cases of pneumonia, and antimony used to be given sometimes in large and depressing doses. More recently stimulants in large and small doses have been strongly recommended, and I know that many have been in the habit of giving stimulants in almost all cases. Some give quinine or bark. What I wish to impress upon you is this, that we are all too apt to treat a name, and to forget that there are pneumonias and pneumonias, depending upon entirely different causes. In one case you may have to support your patient from the beginning; in another quite a different mode of treatment may be required. Pneumonia is not always a disease accompanied by debility and requiring tonic or stimulating treatment. In each case you will have to consider hereditary predisposition, which always has an influence upon local disease accompanied by general symptoms. In each case you will also have to take into consideration the habits of life of the patient, the surrounding circumstances and exciting causes. In this case I had to treat a gentleman who had lived too freely, who had a strong gouty tendency, and I looked on the pneumonia as a local sign of gout. When the gout appeared in the big toe the lung symptoms all seemed to go at once, and in a very short time all the physical signs of pneumonia had disappeared. I believe that if I had treated this patient by giving stimulants in large doses with bark or quinine I should have interfered with nature, and done more harm than good.

A New Method of Treating Tinea Tonsurans.

Having come to the conclusion that the unsatisfactory results in the treatment of this affection are due to the almost seeming impossibility of bringing any active parasiticide into contact with the tinea fungus—the epiphyton or trichophyton tonsurans, whose conidia revel and run rampant in the secure nidus of the hair and hair-bulbs—a soil so congenial that it seems to be in some cases ever fertile and fertilizing, Dr. A. J. Harrison (*Brit. Med. Jour.*, Sept. 5.) tried to devise some means of reaching the parasite. He thinks he has succeeded, and the report of the following case well illustrates his method:

"On the 28th of March last year (1884) I admitted such a case (A. C.) into the hospital, and commenced the treatment at once. She was naturally a healthy child, nine years old, rather pale, with clear complexion, and brownish-black hair. Nearly the whole of the head was affected; but here and there she had fairly good masses of hair. These latter, at first, were not cut much shorter. For the first few days No. 1 solution, containing iodide of potassium in liquor potassæ, was applied. Pledgets of lint were dipped in the solution and applied to the head, about one-third of the head being operated upon at a time. I may here remark that, by applying this solution

carefully, I very seldom find the potash solution irritate much. If it do, as has happened, a weaker mixture can be tried. Then No. 2 solution, containing three grains of mercuric chloride in each ounce of spirits of nitre, was used; and so on, until the whole of the head had been operated upon several times with the two solutions. The scalp and the lower parts of the hair were turned of a yellowish tinge. At the end of a week, hairs were examined microscopically.

"April 8. Conidia were found in abundance. Glycerine of carbolic acid was applied to the parts not being immediately operated upon, and as the child was looking paler than when she came in, most likely from the confinement in hospital, she was ordered to take some syrup of the phosphate of iron. The hair was now cut shorter, nearly close to the head, and this plan I now always adopt. I do not care about shaving the head, as I consider that a little hair is beneficial in allowing the solutions better scope for their action and reaction to take place. The treatment, such as I have indicated, with the two solutions, was now persevered with; the conidia became more difficult to detect microscopically, and on May 17, 1884, or fifty days after admission, she was discharged, apparently cured. She continued to attend as an out-patient for a long time, and I could never find any conidia. The hair grew naturally again, and everything looked well; but towards the end of September the hair began to come off in bald patches, especially at the back of the head, but no evidence of fungus existed. Stimulating applications soon put this all right. I have noticed this falling off of the hair in many cases of tinea, and I do not associate it with my or any treatment. The complaint must weaken the hair-bulbs; and the great point is, not to permit the hair to grow long for some considerable time—use the scissors frequently. From time to time I have seen her. My last note is that on June 30th last her head showed a luxuriant growth of hair, which was as healthy-looking as possible."

The great feature which he contends for in his plan is that, by softening the hairs with liquor potassæ, the iodide of potassium is conveyed to the very hair-roots and bulbs, the spots where the conidia flourish and germinate in profuse abundance, and hitherto in comparative security. There, whilst the hairs are in a softened condition, the mercury-solution can penetrate, and then, coming into contact with the iodide deeply down, an important chemical action is set up, and biniodide of mercury is formed, just where it is most especially wanted.

A New Method for the Restoration of the Cessation of Respiration Under Chloroform.

Dr. R. Milne Murray thus writes in the *Edinburgh Med. Jour.* for September, 1885:

This process, which I may term "perflation," I carry out in the following way; Disconnecting the rubber tubing I take the end of the T tube attached to the tracheal cannula in my mouth, and closing the branch with the finger, I make one or two aspirations of the lungs, compressing the chest gently at the same time. This removes a considerable quantity of vapor from the upper

passages. Then opening the branch, I make a series of deep inspirations. The air rushes in by the branch, and no doubt the greater part passes into the mouth; yet some of it enters the lung, and a current is thus established by which a very large quantity of the chloroform is rapidly expelled, as can be proved by the taste of the air coming through the tube. After two or three such inspirations the taste of the vapor becomes fainter, and as soon as this is noticed, I reverse the process, now blowing air into the tube, with force just sufficient to cause the chest-wall to move in the slightest possible degree—the branch tube being open all the time. Generally, after one or two such perflations, the heart shows signs of vigorous action, and shortly thereafter breathing commences and continues in a perfectly natural manner. Should it not return so rapidly, and after I am assured by the absence of taste or smell in the expired air that the chloroform has been almost entirely removed, then I close the branch tube and commence gentle inflation of the lung in the ordinary way.

By such a method I have resuscitated animals as often as ten times after cessation of respiration, and in these I have little or no indication of the production of the pink froth to which I referred.

Of course, in order to accomplish resuscitation so frequently as eight or ten times, it is necessary in the later stages to lose no time between cessation of movement and commencement of the effort; but the mere fact that it can be effected under any conditions so frequently, speaks strongly, I think, for the efficacy of the method. In the earlier resuscitations we may safely wait thirty to sixty seconds before beginning the attempt, provided the animal has not been for a long period under the influence of the vapor. The time occupied in the operation is much less when we begin before the heart has ceased to beat, but I have repeatedly waited until all indications of the heart's action had ceased, both as indicated by the apex beat and the pulsation in the carotid. But in such cases it has been an invariable experience that the heart resumed beating a considerable time before breathing commenced.

Speaking broadly, as regards the difficulty of resuscitation as indicated by the time required to effect it, I have observed that the time required to restore respiration varies inversely as the concentration of the dose, and directly as the time required to stop respiration. That is to say, the more concentrated the dose the easier was the reanimation, and the longer respiration continued under the action of the vapor the more difficult was the reanimation.

Periodic Paralysis of Limbs, with Loss of Electric Excitability.

The *London Med. Times*, August 29, says that a remarkable case of periodical paralysis of all the extremities is recorded in a paper by Professor Westphal, *Berliner Klinische Wochenschrift*, Nos. 31 and 32, 1885. The patient, a boy of 12 years, was under close observation for several months, during which he was subject to occasional attacks of absolute loss of power in the limbs, coming on almost always at night, lasting for a few hours, and disappearing with a period of quiet sleep before the morning. His general health was good,

and no signs of nervous disease could be traced in the case. During the periods of paralysis, however, the remarkable fact was observed that the nerve trunks and the individual muscles in the affected limbs had completely lost their electric excitability, even under the irritation of a very strong current. At other times, the reactions were quite normal, but slight differences between the two sides persisted for some time after the complete return of voluntary movement. There was no sign of rigidity or contraction in any of the muscles during the attacks, nor was the general sensation disturbed. The plantar reflex was absent, but the cremaster and abdominal reflexes and the knee-jerk were normal. The latter was at times unequal upon the two sides. The fullest particulars of each seizure are given in detail in Dr. Westphal's paper. The progress of the paralysis of the limbs could be clearly described by the patient, who remained quite sensible throughout. In the early history of the case, there was reason to believe that scarlatinal nephritis had formerly been present, but the renal and all other functions remained normal throughout the period during which the patient was under observation. The onset of the attacks was attributed to exposure to a draught, the boy having complained the day before of indefinite sensations in the limbs, and pains in the feet. He became quite powerless in the following night, and suffered from great thirst, a feeling of extreme heat, and profuse sweating. At first the attacks of paralysis recurred at intervals of four to six weeks, but became more frequent, at last sometimes appearing many times in one week. In his remarks upon the case, Prof. Westphal cites three other published cases as bearing some relation to this apparently unique form of paralysis. In all of them there were points of resemblance to it, although none could be said to be identical. Especially with regard to the periods of recurrence, there was a marked difference, as in two of them the attacks followed a regular quotidian or tertian course. In all the cases the paralysis began in the lower extremities. The muscles of the face and of the eye remained unaffected in all, nor was any affection of bladder or rectum observed. The loss of electric contractility and its rapid recovery are conditions apparently quite peculiar to Westphal's case. In relation to it he says: "We know of no disease, either of the spinal cord or of the spinal nerves, in which anything similar to it has ever before been observed; and as regards any explanation of it, physiology leaves us completely in the dark." The sensations of heat and the extreme sweating experienced by the patient suggest the possibility of some profound alteration of the vascular supply, and hence of the nutrition of peripheral nerve endings, but such an explanation is of necessity purely conjectural.

The Surgical Treatment of Gall-stones.

Mr. Lawson Tait thus writes in the *Lancet*, September 5, 1885:

I have now performed the operation sixteen times, with uniform success, whilst the variations from the proceeding I am about to describe have been disastrous to the extent, in the hands of others, of between fifty and sixty per cent.

Having felt the position of the hepatic notch, I make an incision from the margin of the ribs over it directly, or almost directly, downwards, cutting carefully through the various textures until I reach the peritoneum. This is carefully seized by two pairs of forceps and pulled backwards, an opening having been made between the two pairs of forceps large enough to introduce my forefinger. With this I search for the gall-bladder; and sometimes I have experienced considerable difficulty in finding it. Generally speaking, the stones can be felt in the bladder before it is opened. In two cases out of the sixteen I have not found any gall-stones; in one case a mistake had been made, and in the other the disease was in all probability malignant. Having found the gall-bladder, I cautiously bring its fundus towards the wound and seize it by a pair of forceps. If it is distended, it is first of all tapped and emptied; if it is not distended, or if it has been emptied, I lay it open by scissors or forceps to an extent sufficient to get a finger in; the edges of the wound in it are then seized by forceps, and any bleeding points secured. My finger then explores the bladder, and by means of forceps or scoop all the stones within reach are removed. A continuous suture is then applied so as to accurately close the peritoneum by uniting the edges of the wound of the abdominal wall to the edges of the wound of the gall-bladder, the two peritoneal surfaces being carefully adapted to each other. An India-rubber drainage-tube is then placed in the wound, and this is kept in for six or seven days, until it is possible to remove the stitches. If the stitches are removed along with the drainage-tube, the wound speedily heals; and if all the stones have been removed, the patient is already cured. If the wound reopens and bile discharges, or mucus from the gall-bladder, the remaining stone which occludes the passage must be dealt with, either by crushing from the outside of the duct or in some other way, as circumstances or the ingenuity of the operator may suggest. I certainly vouch for this, that so far as my cases have gone it is not known that they have any tendency to the reproduction of the gall stones. Certainly they have not given any indication of it so far. I would point out that even if this did happen, an incision through the skin, probably only half an inch deep, over the site of the old scar, would reach the gall-bladder without opening the peritoneum at all, and any reaccumulation of gall-stones might be removed without the slightest difficulty or danger. I need not point out that in the event of the operation being performed which is suggested as the alternative to that which I have described—namely, cholecystectomy—after an accumulation occurred in a case of numerous gall-stones, as actually did occur to myself where a small gall-stone lodged beyond the junction of the hepatic and cystic ducts, the operation in which the gall-bladder was removed would be of necessity fatal, because all the secretion of bile would find its way into the peritoneum. The detailed results of this operation of cholecystectomy have not been published, and what I know of them is only by hearsay, but I have a strong suspicion that the deaths in two of the cases are to be attributed absolutely to this cause. At any rate, the mortality of cholecystectomy is fifty per

cent.; the mortality of cholecystotomy has not yet appeared.

The Use of Carbonate of Ammonia in Cerebral Hemorrhage, Thrombosis, and Embolism.

Dr. R. C. Van Wyck thus concludes an article in *Gaillard's Medical Journal* for August:

The advantages I claim for the carbonate of ammonia in the treatment of cerebral hemorrhage, thrombosis, and embolism are as follows:

1. As a diffusible stimulant to the general circulation, relieving the anemia which is present in the brain, increasing the cutaneous circulation, and inducing perspiration—relieving in this way intercranial pressure.

2. By its direct action in dissolving the clot. The only agents which possess this property are the alkalies, and the most effective of these is ammonia.

3. In oedema and congestion of the lungs, so often seen in apoplexy, the use of this salt will often relieve the existing condition, partly by its stimulating action on the terminal capillaries, and also by its expectorant action on the bronchomucous membrane.

4. By keeping up the alkalinity of the blood, and preventing further thrombosis.

I do not claim this drug as a specific, but only an auxiliary to other remedies. In the treatment of a case of cerebral hemorrhage, the following would seem to me the order of treatment:

1. The prodromal symptoms which threaten an attack of apoplexy, by prompt venesection and catharsis.

2. To relieve the period of reaction after paralysis has taken place by arterial sedatives, preferably acconite.

3. To remove the exudation and all retrograde changes in the clot, anemia, pulmonary congestion, and further thrombosis, by the free use of carbonate of ammonia.

4. To support the system by nourishing yet unstimulating diet, and by the use of medicines which nourish the brain tissue, such as syr. lacto-phosphate of lime, cod-liver oil, and the phosphide of zinc.

5. To increase the muscular development by massage-frictions, electricity, and strychnia.

The carbonate of ammonia should never be given in cerebral hemorrhage until the period of reaction has fully taken place, say from ten days to two weeks.

It should then be given continually for at least a month or more, or until the retrograde changes in the clot are accomplished.

In thrombosis and embolism if the diagnosis can be clearly made it should be given at once.

The dose used was 5 grs. three times daily in 3ss. of the solution liquor ammoniæ acetatis.

There is one class of cases in which the carbonate of ammonia has not acted well in my hands, viz., cerebral hemorrhage associated with interstitial nephritis and hepatitis. In these cases I have had good results from the phosphate of sodium, 20 to 30 grs. three times daily, in the infusion of dandelion given after meals, and small doses of corrosive sublimate, $\frac{1}{4}$ gr. three times daily before each meal. I have sometimes combined it in a pill with digitalis and squill.

A Special Form of Numbness of the Extremities.

Dr. Robert Saundby thus writes in the *Lancet*, September 5:

"I allude to a peculiar numbness and tingling, very similar to that produced by pressure on a nerve, occurring sometimes in one, sometimes in both, upper extremities; at other times it is present in both upper or lower extremities, or in the upper and lower extremity of one side of the body. This sensation of numbness and tingling is more or less painful; it is accompanied by transient loss of power; is relieved by rubbing; occurs distinctly in paroxysms; is most apt to occur at night, when it frequently disturbs sleep; is sometimes said to be accompanied by blueness and coldness of the hand and narrowing of the calibre of the radial artery. In its minor forms it is more common in women, but the most severe cases I have seen have been in men; it occurs with about equal frequency in either arm; it is less frequently bilateral; while the paraplegic and hemiplegic forms have come under my notice still less commonly. Most of my patients have been persons past middle life, and I have never met with it in any one under twenty-five years of age. It is, in my experience, distinctly connected with disordered stomach, and readily yields to treatment directed to this disorder."

REVIEWS AND BOOK NOTICES.**NOTES ON CURRENT MEDICAL LITERATURE.**

—The *Lancet*, of London, in its "Students' Number" for the current year, recommends Napheys' *Modern Therapeutics* as one of the most valuable works on the treatment of disease which the student or young practitioner can provide himself with.

—The *Anales del Circulo Medico Argentino*, published monthly at Buenos Ayres, is one of the best conducted and neatly printed of the journals we receive from Spanish America.

—Dr. Thomas J. Mays sends us an article in reprint on the external therapeutics of pulmonary consumption. His suggestions are timely and useful.

—"Hard Chancre of the Tonsil" is the topic of a reprint by Dr. Frank Donaldson. It is a careful review of the literature of the affection.

—Dr. A. Reeves Jackson, of Chicago, in a paper before us, attacks the propriety of vaginal hysterectomy in cases of cancer. What he thinks of it may be judged from the following extract:

"Vaginal hysterectomy has sacrificed the lives of more than one-third of those who have been subjected to it—the mortality of the operation when done by those of greatest skill and experience being over thirty-six per cent.

"Other methods of treatment, attended by not

more than one-sixth to one-fourth the mortality of vaginal extirpation, are equally as efficient in ameliorating the symptoms and retarding the progress of the disease; and they have been followed by as good results."

BOOK NOTICES.

A System of Practical Medicine by American Authors. Edited by Wm. Pepper, M. D., LL. D., assisted by Louis Starr, M. D. Vol. iii. Lea Brothers & Co., Philadelphia.

The third volume of this extensive and useful work is devoted to diseases of the respiratory organs and those of the circulatory and hematopoietic systems. The contributors are numerous, and include many of the most distinguished writers and teachers on their several branches. The general tone of the articles is thoroughly practicable, and contrasts strongly and favorably with the writings of the German physicians with which, in translations, our land has been flooded in the last decade. The superiority of medical practice in America as conducted by our most able practitioners is abundantly displayed in this series of volumes, and certainly in comparing it with the similar productions of either French or German writers, no unbiased mind will hesitate to award it a preëminence.

Fowne's Manual of Chemistry, Theoretical and Practical. A new American from the twelfth English edition, embodying Watts' Physical and Inorganic Chemistry. 8vo., pp. 1056. Lea Brothers & Co., 1885.

When a volume grows to have over a thousand pages and nearly two hundred engravings, the propriety of any longer calling it a manual becomes doubtful. And when we remember that this is intended for the use of students of medicine, who in their short course have to study chemistry only as one of half a dozen sciences all equally new to them, the wisdom of so largely increasing the size of a justly favorite text-book becomes more than questionable. The treatise is an excellent one; it is carefully edited and scrupulously brought down to the most recent date; its arrangement is eminently lucid; in manufacture and illustrations it is all that can be asked; yet for all this, we think that for the purpose for which it is primarily intended this edition is inferior to preceding ones. It is an error and unreasonable to swell "manuals" for students to the magnitude of elaborate treatises. To be sure, this volume contains in a sense two treatises in one; but that is no advantage to the student, but

rather the reverse. While therefore we heartily commend this publication to professional chemists, we cannot praise it in its present form as a text-book for medical students.

A Text-book of Pharmacology, Therapeutics, and Materia Medica. By T. Lauder Brunton, M. D., D. S. C. F. R. S., etc. Adapted to the United States Pharmacopœia by Francis H. Williams, M. D. Sheep, 8vo., pp. 1,085. Lea Brothers & Co., Philadelphia, 1885.

A number of years ago the author announced this work as in preparation, and the deliberation with which it has been prepared is a guarantee of its value, and may serve as an example to the many writers who are in such haste nowadays to rush into print with their ill-digested theories. Dr. Brunton has been building up the material for this volume through sixteen years of steady labor, and the result proves that this long toil was well directed. As we might expect, he has produced a work of singular merit, every page of which is marked by the results of original research, judiciously analyzed. We are not saying too much in pronouncing this treatise the most complete and valuable in our own or any other language on the topic to which it is devoted.

We should like to mention in detail some of his procedures and conclusions, but our space will only permit us to give in outline the scope of his treatise. It is divided into six sections, the first of which treats of general pharmacology and therapeutics. This is principally a study of the action of drugs on the human economy and the various methods of applying them. The second section is upon general pharmacy, where the directions are given for the manufacture of the usual pharmaceutical preparations, as mixtures, solutions, etc. In the next section the articles of the inorganic materia medica are considered, the acids, metals, etc. The fourth section is concerned with organic materia medica in a chemical sense, especially the numerous carbon compounds. To this follows a section on vegetable materia medica, the plants being arranged botanically under their classes and orders. The final section treats of the articles in the materia medica obtained from the animal kingdom, which are disposed with reference to the zoölogical kingdom to which they belong. The book is provided with several complete indexes.

It will readily be perceived that this arrangement is eminently scientific and far in advance of any fanciful arrangement of drugs under what is supposed to be their therapeutic or physiologic effects. The author is equally satisfactory in all

his details, and his work is certainly destined to rank as one of the most important additions to medical literature of the period.

Von Ziemssen's Hand-book of General Therapeutics. Vol. iii. New York, William Wood & Co., 1885.

The whole of the present volume is occupied with the subject of respiratory therapeutics by Prof. M. J. Oertel, translated by Dr. J. Burney Yeo, of London, who is a distinguished English specialist on this branch. Professor Oertel is a warm adherent of most of the new devices in the therapeutics of diseases of the air-passages, and Dr. Yeo earnestly seconds him. The author, for instance, advocates antiseptic inhalations in phthisis, in diphtheria, and in whooping-cough. He accepts the parasitic nature of these diseases, and urges an anti-parasitic treatment of them. He is always in search of a theory to support his treatment, and appears often ready to adapt his treatment to his theory. Oertel is of Munich, and certainly the Berlin statistics which we have seen do not support these views we have named. Dr. Yeo speaks with some contempt of those who doubt his author's doctrines; but he can find many such persons not only in England but in this country and in Germany itself.

While there is a great deal of learning in the volume, the writer impresses us as one who is too enthusiastic for novelty, and we should advise his recommendations to be well weighed before they are followed.

Index Catalogue of the Library of the Surgeon-General's Office, U. S. A., Vol. VI. Heastie to Insfeldt. Pp. 1051. Washington, 1885.

This enormous work is progressing as fast as one can anticipate, in view of the thoroughness with which it is carried out, and the magnitude of the plan. When complete it will do away with the need of all special medical bibliographies, at least up to the present time. Its title is quite too modest for its merits. It should rather be called an epitome of all medical literature from the dawn of learning down to the present day. Were such a work undertaken for every branch of science, the advantage to students would be incalculable. So much time is lost in the search for what has already been written upon a subject that the labor of investigation is often doubled. If, on the other hand, the investigator declines to assume this labor, he is sure to prepare to that extent a superficial treatise. We trust that funds will be provided by the government for the prompt conclusion of this great work.

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HOW A CHILD BECAME INFECTED WITH DIPHTHERIA.

It occasionally happens that a case of diphtheria occurs in a locality which has been for years apparently free from the virus. May 11, 1885, the *Medical Age* reported a case where the disease was communicated from a cat. The following, however, may explain the cause of infection in cases where it may seem absolutely impossible to discover the source of contagion:

Dr. H. Schwartz, county physician in Krenz, in Germany, writes to the *Deutsche Mediz. Zeit.*, 58, 1885, that for years there had happened no case of diphtheria in his village. May 23, this year, the eleven-year-old daughter of a respectable citizen was attacked by the disease. She was living in a large, roomy house, surrounded by many acres of woods and of cultivated land. There was no danger from drainage. The child was seriously ill; the fauces and the roof of the mouth were covered by a thick false membrane, and the kidneys became early implicated. Before the physician arrived—but since the outbreak of the first symptom—the young girl had slept with her sister in one bed, and as a consequence this sister also contracted the disease in a grave form. Both patients were at once completely isolated, and other measures were adopted to limit the further spread of the disease. This result was happily also obtained, and both patients made a slow but complete recovery.

Dr. S. tried his best to discover the source of infection, but his labors were in vain, until one day, when mentioning to the mother of the girls that animals may suffer from this malady and convey the poison to the human being, the lady told him that the daughter, first taken, had been bitten five days previously in the cheek by a hornet. A thick grayish-white scab at once formed, and fell off only the day before the first symptom of diphtheria appeared. Dr. S. had seen the sore, and also recognized it as a diphtheritic one, but had believed it to be due to some injury, and to have assumed the diphtheritic character only when the constitutional affection set in. For it is well known that in a patient suffering from

a graver form of diphtheria with decided blood-poisoning, any wound, whether made by a blister or accidentally caused, will at once develop into a diphtheritic sore and be covered with the false membrane so characteristic of this malady.

Insects have so often been proven—if not the victims—the carriers of infectious virus, that the case just quoted ought not to surprise us. We believe that not sufficient attention has been paid to this manner of infection, and that many cases, where an infectious disease seemed to have sprung up *eo ipso*, would have found their explanation in just such a way as the one described. The lesson we learn from cases of this kind teaches us at once to employ locally cauterizing and strong antiseptic measures when a wound, due to the bite or sting of an insect, assumes the least suspicious or malignant character.

THE POISONOUS EFFECT OF URINE.

Bouchard and Pouchet have demonstrated the toxic properties of the normal urine. According to Villiers only abnormal urine contains alkaloids. But that normal urine also is poisonous is no longer doubted, the question is only, what substance is this toxic property due to? Pouchet found, 1880, an alkaloid in the normal urine. Bouchard demonstrated but recently (*Deutsche Med. Zeit.*, August 20, 1885,) that alkaloids are produced in the alimentary canal, are there absorbed by the blood and then excreted by the urine. He injected normal urine into the jugular vein of a rabbit, and observed the following symptoms in consequence of the operation: Myosis, superficial respiration, muscular weakness, decline of temperature, loss of reflex excitability, torpor, and ultimately death by respiratory paralysis. He also observed, that for the purposes of a fatal effect a larger dose of urea is needed than a toxic dose of urine contains, while uric acid and all extractive constituents are innocuous. The potash-salts are neither sufficient to cause death, at least not the amount contained in a toxic dose of urine. Decolorization of the urine by animal charcoal deprived the urine of half of its poisonous effect. The toxic agent is not volatile,

for the urine does not lose its poisonous effect by boiling.

Villiers made three series of experiments, one on himself, one on healthy individuals, and one on patients. Five times he found in his own urine, passed while he was in perfect health, no alkaloids, twice, when he was slightly indisposed, he discovered such. Of nine healthy individuals he found twice alkaloids in the urine, while at the slightest impairment of general health they at once made their appearance. In patients suffering from morbilli, diphtheria, pneumonia, phthisis, and cerebral abscess, he invariably met with alkaloids in the urine. The alkaloids belong probably to the class of ptomaines.

THE VACCINATION RIOTS.

The disturbances in Montreal over the introduction of compulsory vaccination have not only been disgraceful to the spirit of civilization, but they are particularly to be deplored, because they were so eminently preventable. If we tell a man that two and two make four, if he has even the slightest knowledge of addition, he will not resent our assertion, but if we ask him to accept some truth that has not been demonstrated to him as a truth, he is justified in declining to accept it.

The dogmas of hygiene are just as clear and as susceptible of proof as this simple sum in addition, but the masses of the people have not been so told. If these French Canadians had a clear and intelligent comprehension of the value of vaccination, they would welcome it most heartily; but they have been taught that disease is a visitation of God, and that when we try to prevent it, we are flying in the face of Divine Providence. Hence it is but natural that they should resent what they deem to be arbitrary and oppressive laws. It should be the duty of all who realize the value of hygiene to talk, and talk without ceasing, about its blessings. The people only need to know the easily-observed and well-established laws of preventive medicine to cause them to be universally obeyed. Let each of our readers constitute himself an apostle of hygiene in his community.

DISINFECTION WITH CHLORINE.

Chlorine is a good disinfectant and is often made use of in the interior of buildings, as in consequence of its gaseous form it may penetrate the easier every corner and cleft. Dr. Kowalsobsky (*Russk. Med.*, 45, 1885), however, has investigated the action of chlorine and made an interesting discovery. He found that chlorine by no means has an equal effect upon every article and every part of the room in which it is used. While, for instance, everything metallic showed the action of chlorine upon it, that part of a key within the keyhole evinced no sign of it. Pieces of metals pushed between books remained unaltered; the same happened with the wires inside of a piano, and a narrow blade of metal partly stuck into the upholstering of a sofa was acted upon by the chlorine only in its outer part. He further found that moths and roaches did not show the least influence of chlorine. It seems, therefore, that this gas does not penetrate into every corner of a room, and that it, therefore, cannot be relied upon as a safe disinfectant, unless the mode and manner of its application be decidedly changed—a very important observation.

NOTES AND COMMENTS.**Jaundice from Arsenical Wall-Papers.**

The following six cases of jaundice due to arsenic taken in by the respiratory organs, reported by Dr. Alfred Freer in the *Brit. Med. Jour.*, are worth recording, if they were only to illustrate the singular uniformity of effects produced by that poison upon the biliary ducts.

On September 20th last, he was called in to a boy and girl, aged 9 and 10, children of a gentleman lately come into a renovated and enlarged house. He found them suffering from vomiting, tenderness at the epigastrium, furred tongues, with well-marked icterus. In a fortnight they had recovered.

On October 30th, he was summoned to another boy and girl in the same family, but a little older. Their symptoms were precisely the same, and recovery soon took place after a week's bed, etc. He suspected the drains of this house (just out of a transition state) might be out of order, but could get no proof of this.

On November 13th, he was again called in to two older sisters, aged 18 and 16. They, too, presented jaundice, and all the symptoms of the other four, but more acute. Convalescence was established in a fortnight. Noticing in the dining-room a little damp on the paper, he examined it more closely. It was a provisional paper of a light blue tint relieved by white figuring. Scraping off some of this white dust, and submitting also a piece of the paper to tests, he found the presence of arsenic in a large quantity. On visiting the airy play-room where the children had of late passed more time than usual, he found the walls covered with a pale paper with white relief, but not the same as in the dining-room. Some of this he also tested, and found in it the presence of arsenic in large quantity. It would have seemed that arsenic respired is very apt to produce icterus, through tumefaction of the ductus communis at its outlet. The papers have been renewed, fresh ones supplied, and the family has continued well ever since.

A Recurrent Vesicular Eruption.

To the Medico-Chirurgical Society of Edinburgh Dr. Allan Jamieson exhibited a boy aged 12, who, since he was three years old, suffered from a recurrent vesicular eruption, affecting solely the backs of the hands, the face, neck, and ears. From October till February of each year he remained free from attacks, and could attend school. In February the crops of vesicles began to appear, becoming larger and more numerous, and the outbursts more frequent as the weather became warmer, again to decline with the diminution of temperature. He felt chilly before an attack, his face swelled and grew red, and on this isolated flat vesicles the size of a pea and larger came out. The centres of these were depressed and dark, the edges clear. Some vesicles dried up into thick crusts, others ruptured, and formed more extensive and black scabs. The usual duration of an outbreak was about three weeks, then there might be a period of intermission, or fresh vesicles might show themselves before the previous ones had finally disappeared. Smooth, white cicatrices were left by all or nearly all the vesicles, which were permanent. The disease caused no itching nor subjective sensation. It was not a lupus, as the lesions were superficial, and each self-limited. It bore more resemblance to impetigo or dermatitis herpetiformis, which recurred, but did not leave scars. No treatment had been of any avail so far. One medical man had recommended poultices of cow-dung, and bathing the

parts with cow's urine. This repulsive method had been persevered in for some time without effect. The boy's father and mother were remarkably healthy, and so were nine brothers and sisters, six older and three younger. One brother, younger, had died of inflammation of the lungs.

The Hygiene of Chronic Bronchitis.

Dr. J. Milner Fothergill thus concludes a paper in the *Med. Record*, August 29 :

"There are some points about the clothes and hygiene of chronic bronchitis worthy of mention. They are a chilly race, from impaired oxygenation and defective heat production. They are scant of breath, and cannot get about. They must be warmly clad ; yet they cannot bear any weight of clothes. Consequently their clothes must be light as well as warm. Furs in the daytime out-of-doors ; down bed-quilts for the night. Warm underclothing in the day, and a flannel night-gown. On cold nights, a fire in the bedroom is good. A respirator is invaluable for preventing fresh attacks of cold. Fifteen years' experience of a respirator has told me its value and entitles me to speak. Never mind its unsightliness ; or the remarks it may provoke on the part of the thoughtless, or even the sympathy of others. Like the gloves, it should always accompany hat and stick. If it had not been for a respirator, the writer would have been a puffy, broken-down bronchitic, instead of a well and fairly preserved man approaching middle age.

"Then, again, remember the position of the liver. Pushed out of its warm nook, thrust down so that much of it is only covered by the thin abdominal parietes, it is liable to chills. Consequently a cummerbund, or broad belt of several thicknesses of flannel, is most desirable. This protects both the liver and the kidneys. Specially is this last matter of moment where there is a gouty element in the case—a very common complication. The food should not be too highly albuminous ; and the patient ought to be encouraged to take fat as far as possible in any and every form.

"By such measures the chronic bronchitic may live on for years—practically on sufferance, i. e., by taking proper care, death being the result of neglect or forgetfulness.

Hereditary Herpes Zoster.

Dr. G. A. Gibson, in bringing forward an instance of hereditary herpes zoster, before the Obstetrical Society of Edinburgh, remarked that his

reason for mentioning the case was the great attention which was at present paid to the study of heredity. A gentleman, aged thirty-five, was attacked two successive autumns by herpes zoster affecting only the area supplied by a small dorsal branch of the left ulnar nerve. Quite recently he had seen this gentleman's eldest child, a little girl five years old, who was suffering from the same affection confined to exactly the same situation, and following, therefore, the distribution of the same branch of the left ulnar nerve as in the case of her father. Such an occurrence might possibly be regarded as nothing more than a coincidence, but he was inclined to regard it as being the result of a hereditary tendency. It was new in his experience, and he asked Dr. Allan Jamieson if he had ever met with a similar case.

Dr. Allan Jamieson was not aware of any similar case. Still, knowing the pathology of herpes zoster, which only affected nerves with ganglia, either at their root, or in their course, it might be that a hereditary weakness of this nature could be transmitted.

Dr. Byron Bramwell said the case reminded him of another in which for some generations several members of the same family were affected, all of them at the same age, by blindness, which was shown by the ophthalmoscope to be due to optic atrophy.

Hysteria, Anorexia, Uræmia, and Boulimia.

The Paris correspondent of the *Brit. Med. Jour.* (August 29), says that at a recent meeting of the Société Médicale des Hôpitaux, M. Debove read a memoir entitled "Hysteria, Anorexia, Uræmia, and Boulimia." He states that anorexia is frequent among hysterical patients. Incomplete anorexia provokes dyspepsia, when serious disturbance results from faulty nutrition. This condition can be cured by suggestion (*par suggestion*). M. Debove has also provoked anorexia and boulimia by suggestion. He mentioned the cases of two patients, who had fasted fifteen days without inconvenience. They drank, but did not eat. One of the patients, during the fifteen days' fast, lost three kilogrammes and 200 grammes of her weight, and the other seven kilogrammes. A man, who was induced to fast by adopting the same system, lost fifteen pounds. The urea contained in the urine of the fasting hysterical women was estimated : that of the woman who lost two kilogrammes and 200 grammes contained 7.49 grammes, normally it contained 17.65 ; that of the patient who lost seven kilogrammes contained 6.9 grammes, instead of 21.13 grammes, its

normal proportion. Among the patients who continued to drink, the quantity of the urine was not considerably diminished; but when it was suggested to them not to drink, it fell to twenty-five grammes, and the next morning to seven grammes. Hysterical vomiting has been considered as a result of anuria; but M. Debove believes it is more likely to be the cause, inasmuch as both the liquid and the solid contents of the stomach are expelled.

White Lead Paint for Erysipelas.

As a means of rapid cure, Dr. Daniel Lewis (*Jour. Cut. and Ven. Diseases*, September) thinks that nothing compares with white lead. Pure white lead paint of the shops is likely to dry too slowly, and he tells the painter to add some dryer, as in ordinary painting, which in no way changes the effect of the application.

The paint should be thicker than for ordinary use. It peels off readily when desquamation begins, even from the head, where he has often applied it.

Several instances of especial interest are noted. A man whose right ear was completely involved, was relieved at once of the burning pain, and recovered without a second application. The same rapid results have been obtained in his practice when the disease involved the nose, face, and various other parts of the body.

Being hastily summoned to a patient who was attacked with facial erysipelas, he found that the disease began thirty-six hours previously, and had rapidly spread over the entire face. The temperature was 103° in the axilla, and the pain was severe. The husband was a painter, and had the white lead paint and dryer in the house. It was thoroughly applied over the face, and they were requested to report the condition of the patient on the following day. They failed to do so, and months afterwards, when visiting a patient in the same family, he learned that the single application cured the disease.

Heredity and the Development of the Teeth.

The following are the conclusions of Alton Howard Thompson, D. D. S., found in the *Dental Cosmos* for September:

"The effects of disuse are rated as one of many pernicious influences which cause defective formation through inheritance. When so much dental defectiveness prevails, it becomes us to estimate all forces likely to contribute to it, and the greatest of these we believe to be the malign power

that, through heredity, presides over formation. If heredity is strong for normal structure; if physiological perfection is exactness of detail in the copying of the type, then, indeed, must heredity be strong in its influences where there is present any evil power which detracts from or interferes with normal development. If it transmits evil as readily as good—and there is no question of this—then must we charge it with the responsibility of being the medium through which much dental defectiveness is brought down to us. If it would transmit only the good, disease would soon be eliminated in the species, but unfortunately health, unlike some diseases, is not always transmitted, and is never contagious."

Pilocarpine in Tooth Ache.

If we can relieve this distressing suffering by hypodermic injections of pilocarpine, as Mr. A. P. Kürzakov, of Moscow, says we can, it will truly prove a great blessing. A solution of two grains of the salt in half an ounce of distilled water was used, the injection being made into the temporal region on the side of the odontalgia. In two of the cases one-eighth, and in a third, case one-quarter of a grain of the salt was injected. In all the cases pain disappeared permanently in about an hour after the injection; about the same time salivation and perspiration (caused by the drug) also ceased. In one of the cases, in that of a man aged 46, with rheumatic periodontitis associated with agonizing ear ache, the injections (of a quarter of a grain) produced profuse vomiting, with cyanosis, general weakness, and drowsiness, all of which symptoms disappeared in about an hour and a half after taking twenty drops of tincture of valerian. The author thinks that this simple plan of treatment fully deserves a further and more extensive trial.

Antidote for Resorcin.

Especially in the febrile maladies of childhood, resorcin has recently been used most extensively. It is well known that tinnitus aurium, profuse perspiration, etc., occasionally accompany the action of this drug. Investigations have demonstrated the fact that these symptoms are only accidental occurrences, due to an impurity of the remedy, and that they may always be prevented by the addition of an equal quantity of salicylic acid. At times symptoms of poisoning develop after large doses of resorcin. Andeer, in the *Wiener Med. Presse*, recommends as the best antidote in cases of this kind Bordeaux or Burgundy

wine, and is of the opinion that emetics and warm baths, hitherto employed for the same purpose, are only injurious.

Cod-liver Oil Emulsion.

Cod-liver oil emulsions have been in vogue for many years, and those simply made with gum arabic, if a sufficient quantity of the latter substance be taken (3j. to 3j. of the oil—generally remain in the state of emulsion for a considerable time); but on the addition of salts the component substances at once separate. The *Journ. de Pharm. d'Anvers*, in a recent number, published the following recipe for this emulsion, which is said to have been first used in England, either alone or combined with phosphate of calcium, or with phosphate of iron:

R. Olei morrhue,	620 parts.
Gummi arab., pulv.,	10 parts.
Tragacanth,	10 parts.
Amyli maranthæ,	10 parts.
Syrup. simpl.,	100 parts.
Aque distill.,	500 parts.

The powders are first thoroughly mixed in the mortar, then rubbed together with the oil, after which the whole is poured into a bottle, which must be but half filled by it. Immediately after, 310 parts of water are added, and then the whole shaken for about ten minutes. Only after the complete formation of the emulsion are syrup and the remaining water added. It is said that even with the addition of various salts this emulsion remains in a good condition for a number of weeks.

Hydrobromate of Hyoscine.

With the view of testing the vaunted merits of this remedy, Drs. Frederik Peterson and Charles H. Langdon have given it an extensive and not very satisfactory trial among the insane patients at the Hudson River State Hospital. In the *Med. Record*, September 19, 1885, they recount their experience with thirty-six patients, and conclude that, as a rule, it increased excitement by continued use. It made the melancholics worse. It was no improvement in chronic mania, dementia, and general paresis, on chloral and hyoscyamus. It was of no value in epilepsy, but may not have been continued sufficiently long. It may prove of value in some cases of acute mania if given subcutaneously; but they doubt if it will supersede hyoscyamine.

Paracentesis in Pericardial Effusions.

Dr. D. J. Leech considers (*Med. Chronicle*, September,) that paracentesis is called for—

1. Wherever life is imperilled by the copiousness of the effusion.

2. It should be tried, even if pericarditis be not in itself dangerous, in any cases of considerable pericardial effusion in which the pulse threatens to fail, whether it be due to inflammatory or degenerative changes in the cardiac muscle, or to general debility from severe or prolonged disease.

Dysentery.

Schtechegloff and Kampf have obtained remarkably good results from injections of carbolic acid in dysentery (1:500–98° F.). These injections into the bowel are made two to three times daily, while castor oil and resorcin are administered internally.

Gonorrhœa and Chronic Vesical Catarrh.

The *Courier Medical* recommends in cases of gonorrhœa and chronic vesical catarrh the following injection:

R. Iodoform,	gr. xv.
Glycerini,	℥lxxv.
Aque distill.,	f. 3ij. M.

CORRESPONDENCE.

The Treatment of Pneumonia.

EDS. MED. AND SURG. REPORTER:—

When I began the practice of medicine, more than twenty years ago, pneumonia by most of our authorities was classified as a local disease. Under this teaching, I made much use of antimony, aconite, and veratrum, and I have even bled these patients. Without at present pretending to decide the question of the parasitic nature of acute pneumonia, the fact remains that pneumonia is often epidemic and at times seems to be infectious. Moreover, I have become convinced that pneumonia is a constitutional disease, an essential fever. Under these circumstances, I no longer expect or even attempt to "abort" the disease, but limit my efforts to making the patient comfortable, supporting his strength, and "obviating the tendency to death."

Pneumonia threatens life through the heart, whether it is weakened by the intense fever, as Juergensen says, or by the morbid influence of a parasite, as taught by Germain Sée, or both, hence I no longer use any depressing agents.

When called to a patient sick with pneumonia, I order poultices of cornmeal or flaxseed meal to be applied to the chest as hot as they can be borne. I enclose the poultice in a flannel bag, for thus a greater heat can be borne, as the poultice cools less rapidly. I keep up this application as long as they are a source of comfort to the patient; in some cases till the crisis.

I at the same time give Dover's powders to relieve pain and uneasiness, and when the pain in

the chest is severe I use morphine hypodermatically. I also give some sodic or ammoniac salts, believing that they lessen the viscosity of the sputum and facilitate its expulsion.

When the temperature rises above 104° Fah., I no longer give aconite or antimony, for fear of favoring asystolism of the heart, which I think I have seen produced by these agents, but give quinine, as an antipyretic (25 to 35 grains). Quinine guards the heart from exhaustion by reducing the temperature. I repeat the dose of quinine daily as long as needed.

When the heart becomes weak, I give alcohol in free doses; whisky and brandy, or rum, being used as the patient prefers. In children I use strong coffee, and I believe I shall use caffeine hypodermically in the future in extreme cases of cardiac weakness.

In addition to the above treatment I endeavor to support the strength of the patient by the use of hot and cold milk, meat broths, soups, etc., to which, when there is cardiac weakness, I add capsicum.

I keep the patient in bed from the beginning of the attack until convalescence is fully established.

D. N. KINSMAN, M. D.

Columbus, Ohio.

The Elastic Ligature.

EDS. MED. AND SURG. REPORTER:—

Noticing an article in your journal, on August 8th, by Dr. J. Gilbert Young, of Philadelphia, and comments on it by Dr. E. T. Blackwell, on September 5th, and Drs. W. J. Craigen and J. C. Clancy, on September 19th, in relation to tying the navel cord, and hemorrhage therefrom, I would like you to republish my article, which covers the ground completely, as follows:

AN ORIGINAL METHOD OF LIGATING THE UMBILICAL CORD.

Dr. Craig details an original method of ligating the umbilical cord by a small band of India rubber, such as the stationers sell for holding papers together. He passes it four times around the index and middle fingers of the left hand; he then seizes the elastic with the index finger of the right hand, stretching it with the index fingers of both hands, and slipping the funis through, withdraws the fingers and allows it to contract upon the cord. I would add that the rubber band used by me is known as Faber's No. 20. It is well to wait until the cord ceases pulsating, before cutting it, using ordinary spool cotton, doubled several times, or narrow tape, after which the rubber band is slipped over.

The above method of ligating the cord was first used by me in the latter part of 1861, or the early part of 1862.

The article was read before the Hudson County District Medical Society, and was published in the Transactions of the State Medical Society, May, 1870.

In the twenty-three or -four years that I have used the rubber band, I have never seen a case of hemorrhage; as the cord shrinks the elastic contracts, thereby occluding the vessels and preventing any possibility of hemorrhage.

JAMES CRAIG, M. D.

Jersey City, Sept. 30, 1885.

The Treatment of Constitutional Syphilis.

EDS. MED. AND SURG. REPORTER:—

My experience in the treatment of constitutional syphilis during the past few years has been so very limited that I can scarcely call it anything; but in the few cases that I have treated, I have seen no reason to depart from the course pursued in the twenty years' preceding practice, when my experience was large and varied. The foundation of my treatment was mercurial—using in preference the prot. iodide, as it gave me much better results than the bichloride, inunction, fumigation, etc., all of which I faithfully tested in a large number of cases. The mercurials were alternated with courses of the iodide of potash, which was always pushed to the constitutional limit. Duration of treatment, from one year to eighteen months, and longer, if indicated. Of course, due attention was paid to the tonic and hygienic indications. The results were very happy.

About ten or twelve years ago I largely specialized my practice, and since then have treated very few cases.

My experience both in private and hospital practice, has proved to me that the mercurial treatment in the hands of a man of judgment is perfectly safe, and that without it, syphilis cannot be thoroughly eradicated.

WM. VARIAN, M. D.

Titusville, Pa.

NEWS AND MISCELLANY.

Twelve Old-fashioned Beverages.

We extract the following recipes from a curious old work entitled *The Complete Confectioner*, by a "Person, late an Apprentice to the well-known Messrs. Negri & Witten, of Berkeley Square, London, 1789." It will be observed that the processes of making are exceedingly simple and primitive.

Lemonade.—Rasp two lemons and squeeze six; put to them three gills of syrup and the rest water; taste it, and if it is not to your palate, alter it and mend it till it is right. Then strain it through a lawn sieve, and put it in your glasses for use.

Orangeade.—Take eight China oranges and rasp four of them; squeeze the eight and three lemons to the rind; put about two gills of syrup to it and the rest water; taste it, and if you find it not rich enough put some syrup to it, and squeeze more oranges in according to your palate, and if not sour enough squeeze in one more lemon; strain it through a lawn sieve, and it is fit for use.

Currant Water made of Jelly.—Take two large spoonfuls of currant jelly and mix it with a little warm water, then put one gill of syrup, squeeze two or three lemons in, and let the rest be water; taste and make it to your palate, putting a little cochineal in to make it of a fine color; strain it through a sieve, and it is fit for use.

Cedraty Water.—Take a large wooden spoonful of the essence of cedraty, put it in a basin, squeeze three lemons; add three gills of syrup, and all the rest water; make it to your palate; mind

that all the essence is melted, and if it is not rich enough put more syrup in; pass it through your lawn sieve, and it is fit for use.

Fresh Raspberry Water.—Take one pint of fresh raspberries and pass them through a sieve with a wooden spoon; put two large spoonfuls of powdered sugar in, squeeze one lemon in, and let the rest be water; make it palatable, and put a little cochineal in it to color it; pass it through a sieve, and it is fit for use.

Bergamot Water.—Squeeze six lemons, and to that add three gills of syrup, and let the rest be water; mind you make it rich before you put the essence in. When it is to your taste put a tea-spoonful of essence of bergamot in; pass it through a sieve and it is fit for use.

Apricot Water.—Take two large spoonfuls of apricot jam, and one gill of syrup; squeeze four lemons, put a handful of bitter almonds pounded, and a little powdered sugar in the jam, so as to make it have the same bitter taste as the kernels of the apricots; let the rest be water, and make it palatable; pass it through a very fine lawn sieve, and it is ready for use.

Fresh Strawberry Water.—Take one pottle of strawberries, and pick the stalks from them, pass them through your wooden spoon, and put in two large spoonfuls of powdered sugar; squeeze one lemon, and let the rest be water; make it palatable, pass it through a sieve with a spoon, and it is fit for use.

Peach Water.—Take two large spoonfuls of peach jam in a basin; put one handful of bitter almonds with a little powdered sugar; squeeze five lemons, put in two gills of syrup, and let the rest be water; make palatable, pass it through a sieve with a spoon, and it is fit for use.

Pear Water.—Get some large pears, rasp them into a basin; if your pears are large, four will be sufficient; if small, six or eight; squeeze six lemons, put in four gills of syrup, and let the rest be water; make it rich and palatable, pass it through a lawn sieve, and it is fit for use.

Cherry Water.—Take one pound of Kentish cherries, pound them in a mortar so as to break the kernels of them; take the cherries and kernels, put them into a basin, and add four gills of syrup; squeeze four lemons in, and let the rest be water; make it palatable, pass it through a sieve, and it is fit for use.

Orgeat.—Take six ounces of sweet and one dozen bitter almonds; pound them very fine, so that you cannot feel one piece of almond; mix one quart of water with them, strain it through a lawn sieve, and put one gill of orange flower water to it, and it is fit for use.

Man's Natural Tongue.

The *Druggists' Journal*, quoting from the *Chicago Tribune*, tells us that a few years ago a society of eminent men in Paris discussed the question: "What language would a child naturally speak if never taught?" The devout Catholics were of the opinion that the Hebrew language would be spoken in these circumstances.

One scientist was of opinion that some form of the Chinese language would be the natural tongue. Twenty different results were predicted. At last it was decided to test the matter, and a committee

was appointed to carry out the experiment. Two infants were procured and put in charge of a deaf and dumb woman who lived in the Alps and made a living by rearing chickens and tending sheep.

The woman was given strict injunctions to allow no one to speak to these children, and, as her cottage was some miles distant from any neighbor, the circumstances surrounding the experiment were favorable.

Years rolled on and many of the members of the society had lost sight of this interesting experiment. Some members of the committee died, and there was great danger of the results of this wonderful test being lost to the world. Fortunately, two members of the committee kept faithful watch on the case, and when the children were six years old, brought them, with their nurse, into a meeting of the "savants." Every member was on tiptoe of expectation as to the result. Not one word could either of the children utter, their only form of language was a wonderfully good imitation of the crowing of a cock, of the coddling of a hen, or the bleating of a sheep. The predictions of science were totally upset by a practical experiment.

Explosive Drugs.

A list has been recently published, in the *Union Pharmaceutique*, of accidents which have recently occurred during the preparation or carriage of explosive substances used in medicine. At Strassburg, a chemist's assistant was changing some lycopodium-powder from one bottle to another; the particles that escaped mixed with the air, a jet of gas was burning, and a slight explosion occurred. The frightened assistant dropped the jar containing the lycopodium, the room was at once filled with the powder, and a violent explosion took place. Chlorate and permanganate of potash are also dangerous. M. Meyet has stated that a tooth-powder composed of chlorate of potash and caehon has been known to explode in the mouth of a person engaged in brushing his teeth. A druggist who dried some hypophosphite of lime in a receptacle containing sand was killed by its explosion. Oxalate and citrate of lime are also explosive, but only at a high temperature. Pills of permanganate of potash have been known to explode spontaneously. A mixture of perchloride of iron and glycerine exploded in the pocket of a patient who carried it. An eminent chemist at Paris prepared ozone with powders composed of equal parts of peroxide of manganese, permanganate of potassium, and pulverized oxalic acid. He took every recognized precaution, and the mixture was corked up in a bottle; a few minutes afterwards an explosion took place, and the bottle was reduced to atoms.

Official List of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service, for the weeks ending October 3 and 10, 1885.

Balhache, P. H., surgeon. Detailed as chairman of Board for the physical examination of officers of the Revenue Marine Service, September 28, 1885.

Vansant, John, surgeon. Order to New Orleans, La., revoked, to proceed to St. Louis, Mo., October 2, 1885.

Purviance, George, surgeon. To proceed to Louisville, Ky., as inspector, October 1, 1885.

Gassaway, J. M., surgeon. Detailed as chairman of Board for the physical examination of officers of the Revenue Marine Service, October 3, 1885.

Godfrey, John, surgeon. Order of September 16 amended to proceed without delay to Louisville, Ky., September 28, 1885.

Goldsborough, C. B., passed assistant surgeon. Order of September 16 amended when relieved, to proceed to Chicago, Ill., October 1, 1885.

Irwin, Fairfax, passed assistant surgeon. Detailed as recorder of Board for the physical examination of officers for the Revenue Marine Service, September 28, 1885. To examine physically, and instruct crews of the Life Saving Service, 3d District, in the method of restoring the apparently drowned, October 3, 1885.

Banks, C. E., passed assistant surgeon. Detailed as recorder of the Board for the physical examination of officers of the Revenue Marine Service, October 3, 1885.

Bailhache, P. H., surgeon. To proceed to Tuckerton, N. J., as inspector, October 7, 1885.

Austin, H. W., surgeon. To proceed to Albany, N. Y., on special duty, October 6, 1885.

Gassaway, J. M., surgeon. To examine surfmen at Ellsworth, Maine, and other ports of the First District Life Saving Service, October 9, 1885.

Vivisection in Austria.

The London *Med. Times* tells us that the Austrian Ministers of the Interior and of Education have issued a conjoint circular to the medical faculties of the empire with a view to the prevention of abuses in the performance of experiments on living animals. In this decree it is ordered:

1. Vivisection, or experiments on living animals, can only be undertaken for the purpose of serious researches, and exceptionally, when indispensably necessary, for the purposes of education.
2. Such experiments can only be performed in the medical institutes authorized by the state.

3. Only the directors of these institutes or their assistants are allowed to perform vivisections; or these must be performed under their inspection and responsibility, and only by those who have undergone scientific education (as practitioners and medical candidates).

4. The subjects of experiment must always, when it is possible without frustrating the object of the experiment, be kept in a state of deep insensibility.

5. Wherever it is possible, animals of the lower grades must be selected, and no animal of a higher species employed.

The *Wiener Medicinische Wochenschrift* protests against the prohibition of savants performing experiments in their own private laboratories, seeing that the character of an experiment is entirely independent of the locality in which it is executed.

Hindoo Time.

In the *Popular Science Monthly* M. L. Barre tells us that the Hindoos employed ages in the computation of time, and these, too, divided into two

periods of different durations. The present age is the *kali yuga*, or the age of iron; 4,985 years of it have already passed, but its total duration is supposed to be 432,000 years. The succession of the ages, counting back, is given as follows:

Fourth age—*Kali yuga*, age of iron, or of woe (the present age), to be of 432,000 years.

Third age—*Dvapara yuga*, 864,000 years.

Second age—*Treta yuga*, or age of silver, 1,296,000 years.

First age—*Krita yuga*, age of gold, or of innocence, 1,728,000 years.

These four ages form the *maha yuga*, or great age, of 4,320,000 years. The length of a patriarchate is seventy-one *maha yugas*, or 306,720,000 years, to which is added a twilight period of 1,728,000 years, making in all, 308,448,000 years. Fourteen of these patriarchates, augmented by a dawn of 1,728,000 years, gives 4,320,000,000 years, which form a *kalpa*, or the *æon* of the Hindoo chronology.

A *kalpa* is only a day in the life of Brahma, whose nights are also of the same duration. Now, Brahma lives a hundred years of three hundred and sixty days and three hundred and sixty nights. The present epoch is the *kali yuga* of the twenty-seventh grand age of the seventh patriarchate of the first *æon* of the second half of the life of Brahma, who is now in his 155,521,972,848,985th spring. Yet the whole life of Brahma is only a little longer than a single wink of Siva's eye!

How to Make Gruel.

Miss Parloa's directions we note from *Gaillard's Med. Jour.* for August:

"To make flour gruel properly, you use one quart of milk, three tablespoonfuls of flour, and a teaspoonful of salt. Pour all the milk, except a cupful, into a double boiler. Mix the flour with the milk you reserved, and stir it into the boiling milk and let it cook thirty minutes, putting in the salt ten minutes before it is done. The longer milk cooks the more laxative it is. If you wish to make the gruel especially nutritious, cook a half cupful of raisins cut in two in the milk during the entire time. This drink is very stimulating, and is often given in place of wine to patients. In Indian-meal gruel the meal must always be well cooked, an hour or two being usually required. But it is better to use the very fine meal now in use rather than that milled by the old process, and always, when needed quickly, put it into boiling water at once. To make this gruel, take one quart of boiling water, two tablespoonfuls of medium meal, one tablespoonful of flour, one teaspoonful of salt; mix the meal, etc., with a half cup of cold water, and pour into boiler. Stir while it is cooking and cook not less than thirty minutes. Always keep the saucepan covered."

Testimonial to Professor Koch.

A testimonial has been recently presented to Geh. Med.-Rath Professor Dr. Koch by the practitioners who last winter attended his course of lectures on cholera at the Reichsgesundheitsamt, Berlin. It consisted of an ebony casket richly ornamented in silver, having a silver shield in front bearing

the inscription, "Dedicated to Herrn Geh. Med.-Rath Professor Dr. Robert Koch with thankfulness by his first pupils. Berlin, 1884-85." A silver plate is let into the lid on which, in raised work, is a bust of Dr. Koch, on a pedestal, against which the goddess Hygeia leans, holding in the one hand the staff entwined by the serpent, the symbol of medical art, and in the other a laurel crown. A nude child seeks to conceal itself amidst her flowing drapery, in fear of a haggard woman at the foot of the pedestal, who with a scythe in her hand symbolizes the devastating disease which Dr. Koch has chosen for the special object of his study. On either side of the pedestal are groups of palms. Professor Echtermeyer is the author of the design for this relief. The casket is lined inside with dark blue satin plush.

Typhoid Fever.

Wherever we go at this season of the year, we hear of typhoid fever. In all large cities every fall, when persons return from the country to their homes, the city sanitary officials notice an increase in the number of cases of typhoid fever. The record of typhoid fever in New York for several weeks is given as follows:

Week ending.	Cases.	Deaths.
August 8	22	4
August 15	25	5
August 22	22	6
August 29	37	8
September 5	37	10

It is expected that typhoid fever will become still more prevalent in the city until cold weather sets in. The members of the Health Department who have given much attention to the disease in other years think that many cases of the fever are imported from country districts where there is bad drainage. Other cases are caused by the condition of the city houses when the occupants return to them. In houses which are permitted to stand empty in hot weather, the water evaporates from the traps of drain-pipes and the rooms are filled with sewer-gas. Bedding and furniture become impregnated with foul air, and they are not properly disinfected when the houses are occupied. It is believed also that many cases of typhoid fever in September and October are caused by over-ripe fruits and vegetables which decay quickly and are often permitted to stand in houses over night after they have become unfit for use.

Mineral Waters of Peru.

The *Cronica Médica* publishes a series of researches by Dr. A. E. Perez-Aranibar on the mineral waters of Peru. Amongst others, he mentions the waters of Briogo, which are situated a league and a quarter from the city of Huaraz, and which contain a large amount of carbonic acid and chloride of sodium. They are recommended as digestive stimulants, also in predisposition to pulmonary affections, in rickets, chlorosis, and leucocythæmia. The author believes they would be of service in amenorrhœa. Another highly carbonated water, which contains, in addition, some iron and a trace of arsenic, as arseniate of iron, is found at Lares, in the department of Cuzco.

This is largely used by the inhabitants of the neighborhood as a tonic, and is recommended in menstrual, urinary, and several other affections. Another water in which the inhabitants have great faith is that of Jesus, a league and a half to the northeast of Arequipa. It contains lime, magnesia, and silica, and though its virtues are thought by professional observers to have been greatly exaggerated by the public, they are by no means contemptible, especially in cases of urinary, uterine, and gastric affections.

The Pathological Results of Mimicking Passion.

The *Medical Record* tells us that Mme. Bernhardt has written an interesting letter in defense of the sincerity of actors and actresses, seeking to prove that many of them really enter into the spirit of their parts. She declares that Croizette, after the famous poisoning scene in "Le Sphinx," used to remain for some minutes pale and with chattering teeth; that Beaulevet always wept real tears when performing *King Lear*; and that Mounet-Sully had veritable hallucinations when acting the madness of *Orestes*. Sarah herself seems to outdo all these celebrated examples. She says: "I have never played *Phèdre* without fainting or spitting blood, and after the fourth tableau of 'Théodora,' in which I kill *Marcellus*, I am in such a nervous state that I return to my dressing-room sobbing. If I do not weep I have a hysterical fit, which is much more disagreeable to those around me, and more dangerous for the vases and other things near at hand."

A Curious Formula.

A man who had been doing business in one of the Australian colonies under a company name, engaged in the manufacture of a non-alcoholic beer, went into bankruptcy. His effects were not sufficient to cover his liabilities it appears, and the court ordered him to divulge the formula for making the beer, which resulted in the following curious statement: "Malt, hops, and salt, and made in the ordinary way of any other malt beer, except not containing alcohol. This beer was not a perfect beer at the time it was made, nor did I sell it as such, nor was it matured at the time it was made, nor can it be perfected only by a long study of the man, or gentleman, who first made it, and not by any other man in the world. That is the truth."

Chinese Materia Medica.

Dr. Kate C. Bushnell thus writes in the *Kansas City Med. Record*:

"Some of the articles of the Chinese materia medica are disgusting in composition. 'Night bright sand,' so called because it is dropped by the bat at night, when prepared for use is a dark brown coarse powder, made of bats' feces, dirt, and other extraneous matter. It is used for a variety of troubles, among them opacities and ophthalmia tarsi. The natives profess to detect the eyes of mosquitoes, upon which the bat feeds, in this fecal matter, and they administer them internally for eye troubles. The excreta of the common Chinese sparrow is also an ophthalmic remedy."

An Epidemic of Diphtheria.

Despatches from Huntingdon, Pa., say that the borough of Saxten, in Bedford county, is infected with an epidemic of diphtheria, which has thrown its population into a high state of terror and excitement. So many families have been stricken with the disease that vigorous measures have been necessary to keep it from spreading further. The Board of Health has adopted and published resolutions which provide that all the churches, Sunday-schools, and public schools of the borough shall be closed until the epidemic be subdued, that all the houses in which the inmates are suffering with the disease be quarantined, and that persons under the age of eighteen be prohibited from congregating or loitering in stores or public places.

Lactart.

The *Pharmaceutical Record* says that "an inquirer" writes to know what "Lactart" is, and answers, "Did he grow up without the use of the nursing bottle? If a careless nurse or attendant had him in charge, he probably received some occasional doses of a crude 'lactart.' 'Lactart,' however, is the purified acid of milk—lactic acid. From milk it would be an expensive process, but the ingenious chemist, Mr. Avery, discovered a way to produce this acid in a large way, and far more reasonable in expense. Its merit and utility is unquestioned, and many uses are being found for it as a medicinal and household adjunct. Several new acid syrups and summer drinks are compounded with it, and it promises to become a necessity to the pharmacist."

Oppermann's Patent Purification of Waste Waters.

The waters from manufacturing establishments are first treated with diluted milk of lime, and the liquors, after separation from the precipitate are treated with carbonate of magnesia, which throws down the lime still in solution, and this precipitate of carbonate of lime, along with the voluminous magnesia precipitate, effects a complete clearing of the water by carrying down all the impurities which are mechanically suspended in it.

Bled to Death from Biting his Tongue.

A young son of Jeremiah Sandt, of South Easton, began to vomit blood early last Saturday morning. He was well when he retired for the night. The bleeding continued despite the untiring efforts of several physicians, and the boy died Sunday evening. About six weeks ago the boy cut his tongue on a tooth by falling, and he bled nearly a week from an apparently insignificant wound.

Dr. Atlee's will.

The will of the late Dr. John L. Atlee bequethes \$1,000 to the Orphan's Asylum of Lancaster; \$1,000 to the Bishop Bowman Church Home, and \$1,000 to St. James' Episcopal church for the support of the rector. The remainder of the estate is given to the direct heirs, Dr. Walter F. Atlee receiving the surgical instruments of his distinguished father. The estate is valued at \$250,000.

Attending to New Jersey's Health.

In view of the recent outbreak of typhoid fever at the Morris Plains Asylum for the Insane, the State Board of Health met in Trenton recently to discuss several important questions relating to the disposal of sewage and the internal arrangement of sewer pipes at the institution. Their advice has been embodied in a letter to the Board of Managers.

Do Not Lick Postage Stamps.

The *Druggists' Journal* tells us that a case of poisoning from postage stamps has been reported. It seems that the gum on the back is capable of absorbing foreign matter floating in the air, which may find its way into the system through the mucous membrane of the mouth and tongue of those who lick the stamps before applying to letters.

OBITUARY NOTICES.**RICHARD McSHERRY, M. D.**

Dr. Richard McSherry, of Baltimore, died in that city, October 7. He was born in Martinsburg, West Virginia, November 21, 1817. His education was conducted at Georgetown College and the University of Maryland, and he graduated in medicine from the University of Pennsylvania in 1841. He then served in the army during the Seminole war, resigning in 1843. After resigning from the army, he was appointed assistant surgeon in the navy, and served for nine years in the East and West Indies, and North and South America. In 1851, he resigned from the navy and established himself in practice in Baltimore. He was one of the founders and the first president of the Baltimore Academy of Medicine. In 1862 he was appointed Professor of Materia Medica in the University of Maryland, and in 1865, Professor of the Theory and Practice of Medicine in the same institution. He was an extensive contributor to medical literature.

Personal.

—It is rumored that Prof. Matthew Hay, of Edinburgh, has been elected Professor of Pharmacology in the Johns Hopkins University.

—Dr. James A. Armstrong, of 303 Cooper street, Camden, has been appointed district sanitary inspector by the State Board of Health for Camden, Gloucester, and Cumberland counties.

—Dr. Max Landesberg has removed from this city to New York city, where his address will be 40 West 34th street. He will be the American editor of the *Revue d' Ophthalmologie* of Paris, and would like to receive all American ophthalmological productions for notice in the *Revue*.

—Owing to impaired health, Prof. Richard McSherry will be unable to deliver his course of lectures on the Principles and Practice of Medicine in the University of Maryland this winter. His place will be filled by Prof. Chew, and the course on Materia Medica and Therapeutics will be given by Prof. I. R. Atkinson.

Items.

—Of the 697 deaths from small-pox during September, 600 were those of children under ten years of age.

—The whale is believed to live 1,000 years, the elephant 400 years, the swan 300 years, the eagle 100 years, the horse 30 years, the cow 20 years, the rabbit 7 years.

—Prof. Bartholow states that he has better results from the combination of potassium bromide and digitalis in the *spermatorrhea* of plethora than from any other remedies.

—In cotton yarns dyed with aniline colors antimony is to be found, and, without great care in cleansing the yarn, enough may remain to prove injurious to the skin.

—Salt and vinegar, taken in moderation, promote the formation of the gastric juice, but, taken in excess, they irritate the coats of the stomach and hinder digestion.

—Montreal had dirty streets, neglected sewers, and unclean water—and now she has an epidemic of small-pox unparalleled in the history of the country. One can step from cause to effect in her case without soiling the polish on his shoes.

—The Council of the College of Surgeons, in London, have requested Sir James Paget to sit for a marble bust to be placed in some suitable position in the College buildings as a mark of their appreciation of his revision and completion of the catalogue of the pathological collection of the museum, and other important services.

—Dr. C. E. Clacius reports, in the *Chicago Medical Journal and Examiner*, four cases of diabetes mellitus, in which the administration of *syzygium jambolanum* (jambos) produced a marked diminution in the amount of sugar excreted. The powdered fruit stones are to be given in five-grain doses three or four times a day.

—The *Medical Record* tells us that a writer on medical education, commenting on the popular interest in medical topics fostered by medical bulletins from the sick beds of great men, and especially on the fascination which the germ-theory seems to have for everybody at the present time, remarks that in the wilds of the West a cow-boy recently shot another for calling him a *d—d* microbe.

—The medical officer of the hospital at Niekolaiev, Dr. S. Stratiyevski, has just died of diphtheria, which he contracted from a child, while painting its throat. The patient coughed some of the diphtheritic material in his face. He was only ill for three days. The municipal authorities will provide funds for bringing up the doctor's children.

—An European medical man, in Cairo, who was called into a well-to-do house to attend a case of puerperal fever, observed that the hands of the midwife were covered with deep cracks of a syphilitic appearance, and filled up with dirt. The same lady had attended two other labors, in which severe septic fever ensued.

—M. Terrillon's powder in phagedenic chancre is pyrogallie acid 20 parts, starch powder 80 parts. This is to be carefully mixed, used only when fresh, and kept dry in a well-stoppered bottle.

In phagedenic chancre with anfractuositities and multiple prolongations, the powder is to be blown, twice daily into the depths of the wound by means of a bellows.

—It is certain that Bismarck's physician, though a charlatan, is no fool. It is related that when first presented the Prince was sick, and peevishly declined to answer questions. "As you like," said the doctor, "then send for a veterinary surgeon, as such practitioners treat their patients without asking them any questions." The Chancellor was captured.

—The *Allgemeine Wiener Medicinische Zeitung* (July 21) announces that a grave-stone exists in the church-yard of Fredericksburg bearing the following inscription: "Here lies Edward Heldon, a medical and surgical practitioner, the friend and companion of William Shakespeare, of Avon. He died after a short illness in the year of our Lord 1618, in the 70th year of his age."

—A Spanish medical journal hopes that, in view of the way in which medical men are sometimes treated by the public, other authorities will follow the example of the Mayor of Valladolid, who has issued a notice informing the people that the medical men are all "agents of authority," and that any one obstructing them will be liable to punishment.

—At a recent meeting of the Academy of Sciences, M. Tayon reported that he had inoculated himself and several of his friends with the microbes of typhoid fever. The general symptoms produced were insomnia, anorexia, pinched countenance, and liquid stools. There were, also, some local symptoms. A second inoculation, practiced after complete re-establishment, produced no effect. No comment was made, but it was left to the Academy to form its own conclusions.

—Hitherto, the course adopted by the police authorities of London for identification of the dead has been to issue a written description of the body, and have it pasted up outside some of the police stations; but instead of this, or in addition to it, it is proposed to photograph each unclaimed body prior to decomposition setting in, and have the likeness circulated and placed outside each station. The many unclaimed bodies which are continually being found in the rivers and canals, and in the streets of London and its suburbs, render some further endeavors to procure identification necessary.

—Dr. George R. Elliott, the microscopical expert in General Grant's case, has had the specimens upon which the diagnosis of "epithelial cancer" was based, carefully prepared for permanent keeping in his office. There are eighteen of these slides, which are placed in a mahogany cabinet, upon which are two silver plates, engraved as follows: "General U. S. Grant cabinet of microscopical slides, reported upon as epithelioma, February 20, 1885, by Dr. George R. Elliott. Consulting staff: Dr. Fordyce Barker, Dr. J. H. Douglas, Dr. Henry B. Sands, Dr. George F. Shady." This cabinet is placed in a larger one made of cocobolo wood, upon which stands a bronze bust of the General.